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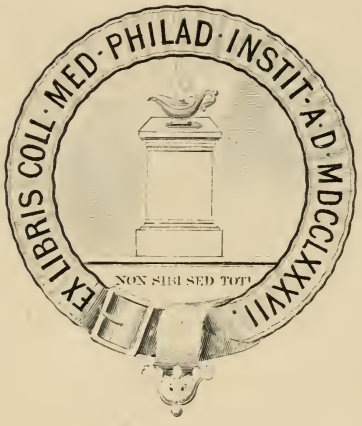

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Presented by

R. J. Dunglison, M.D.

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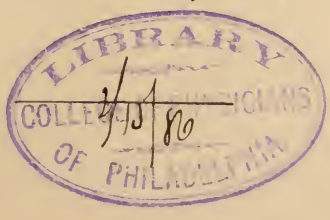
—PROPRIETOR—

T. A. ASHBY, M. D.



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Original Articles.

FACTS SERVING TO PROVE THE CONTAGIOUSNESS OF TUBERCULOSIS; WITH RESULTS OF EXPERIMENTS WITH GERM TRAPS USED IN DETECTING TUBERCLE-BACILLI IN THE AIR OF PLACES OF PUBLIC RESORT, AND A DESCRIPTION OF APPARATUS.

BY W. H. WEBB, M. D., OF PHILA.

(*Concluded from Vol. XII, page* 493.)

If the most convincing proof of the truth of a comprehensive theory lies in its power of absorbing and finding a place for new facts, and its capability of interpreting phenomena which had previously been looked upon as unaccountable anomalies,* then I know of no theory more truthful than the one which I have advocated before you this evening. It will fully explain every phenomenon connected with this malady, the universal mortality it occasions in every part of the world, and why one member of a family after another, with no hereditary predisposition, has succumbed to its power.

It is a singular fact that in all the recorded cases where the disease has been occasioned by close association with the phthisical, as in nursing, it has been unusually rapid in its course, frequently carrying off those unfortunates during the lifetime of those from whom the disease was contracted.

And what does all this teach us? Simply this, that our real strength in battling with this terrible disorder lies not so much in medication as in the application of hygienic and sanitary laws.

Surgeon General Von Lauer, of the Royal Prussian War Department, in a letter dated October 16th, 1884, kindly enclosed to me a copy of the instructions which he issued in regard to diseases of the lungs. They are of such importance that I quote them in full. It is also of interest to know that in Austria, where the bacillary origin of tuberculosis met with greater opposition than anywhere else in Europe, the Government has recognized its infectious nature and has issued official instructions similar to those of Surgeon General Von Lauer. The same precautionary measures should be adopted in the hospitals of our own country, and it is fair to assume that this will be done.

[Copy.]

WAR DEPARTMENT.

Berlin, Aug. 31, 1882.

The various detailed reports which, in pursuance with request of November 24, 1881, (No. 157, H. M. M. A.), have reached this Department, have clearly shown that there exists no material difference of opinion regarding the reasons for the high annual sick and mortality rate from consumption during the time of active service.

The universally acknowledged causative relations will necessarily lead to still greater caution in the treatment and care of those exhibiting the earlier symptoms of chronic pulmonary disease, as well as those in whom a predisposition is suspected or clearly discernible. The prescribed regulations should therefore be borne in mind, in order that the number of consumptives in the army may thereby be diminished. The following instructions must always be carefully observed:—

1. Although the predisposition to affections of the lungs cannot be objectively determined, and the time permitted the surgeon during the recruiting service often not extended enough to permit a careful and searching examination, to determine this question, the medical officer in charge is earnestly urged to consider the build, configuration and exhaustibility of the thorax. In this connection he is to adhere closely to the instructions of April 8, 1877, regarding the normal limitations. Shoemakers and tailors (Oekonomiehandwerkern) of delicate frame require very careful inspection of the chest organs.

When the circumstances attendant

*Contributions to the Theory of Natural Selection-By A. R. Wallace. London, 1870, p. 45.

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upon the recruiting service are not favorable to exact examination, special attention is to be paid to more rigid inquiry when the recruit reaches his regiment, as directed in Par. 13 of the instructions. Here it will be of value, in forming an opinion in your cases, to seek direct officinal information regarding family history or previous disease of the lungs or pleura.

But in order not to lose sight of those cases which have either been overlooked at the first inspection, or whose character could not then be ascertained, the recommendation of the various corps surgeons that, with the co-operation of the proper authorities, medical examinations should be repeatedly made at stated intervals, should be particularly borne in mind, with special attention directed to those in whom disease of the respiratory organs is suspected. Special records, carefully noting the condition at each examination, must be kept. The extent to which the weakly are to be spared the arduous work of training must be determined by the requirements of individual cases. The industrious use of douche baths, to harden the skin and accustom to exposure, naturally suggests itself here.

2. The attention of surgeons is directed to the fact that the instructions (Par. 5, Sec. 4, to Par. 7, Sec. 2) do not permit a judgment upon volunteers without considering their fitness for field service. Complete fitness, therefore, is indispensable to a declaration of efficiency.

3. For convalescents from acute disease of the respiratory organs a prolonged period of after treatment and care is desirable. If the circumstances of the patient make home attention attainable, and only then, is a lengthy furlough to be recommended. Those returning from such furloughs are to be carefully re-examined, and, if necessary, their transference to the appropriate health resort taken under advisement.

4. That the first symptoms of disease of the lungs may not be overlooked in making the round of the barracks, particular attention should be paid to apparently mild "catarrhs," utilizing, if necessary, evening temperature measurements. Doubtful cases should be transferred to hospital for observation.

5. The opinion of many medical officers, that prompt measures should be taken for the discharge of sufferers from chronic pulmonary disease, should not be forgotten. That even one attack of hemorrhage (Bluthusten), if it is proven to be of undoubted pulmonary origin, is sufficient cause for discharge, and is especially emphasized. That the early dismissal of cases affording no probability of usefulness to the service removes a source of infection for hospital and barrack, must be viewed as by no means the least important advantage of this provision.

Now that experimental pathology has furnished exact scientific corroboration of the theory of the infectiousness of phthisis, more importance than ever must be attached to the separation, both in hospital and barrack, of those afflicted with or suspected of phthisis, from other patients, especially from those suffering with inflammation of the lungs or recent bronchial catarrh. The sputum being the principal carrier of the disease germ, and consequently the principal source of infection, provision for its removal and disinfection (Unschadlichmachung) follows as a matter of course.

In answer to the question raised by this Department, as to whether new measures for the diminution of the number of cases of phthisis, with particular reference to the necessity for the establishment of climatic summer or winter stations for their treatment, were called for, the responses were unanimous against such establishment. The indications for them were considered uncertain, and the existing provision adequate for the present necessities of the army. The Department endorses this view, and is convinced that the careful observance of the general directions herewith transmitted will be of interest and service to the army as well as to the patient. Although tedious attempts at cure by long continued stay at climatic stations may be considered of doubtful value to the phthisical patient, and not at all likely to furnish the army with a soldier fit for field service, the prompt despatch of a

convalescent from an acute non-phthisical affection of the respiratory apparatus to an appropriate station, is warmly to be commended. Such station, from among those at the disposal of the Department, is to be carefully selected, and treatment conscientiously carried out.

This communication, with five copies, is transmitted to you, with the request that you submit your views to the General Commanding, and instruct the sanitary officers of the corps to be guided thereby.

[signed] V. Lauer-Strube,
Department of War, Army and Medical Division.

To all Royal Corps Surgeons, No. 230, 4, 82, M. M. A.; 64, 9–84, M. M. A.

Like other disease germs the tubercle-bacilli are carried by the air, and will, of course, be found to be more plentiful in the vicinity of the victims of tuberculosis. A single bacillus may as surely induce the disease as the presence of a great number; and since we are at no time free from the chance of inhaling this germ, our safety lies in avoiding a "predisposition" to lung troubles.

In order to determine whether the bacillus might be readily found in the air of the street, or of public places, I had constructed an apparatus to collect them.

The first apparatus I had made was after the plan of the ordinary inhaler. The long tube passed into a little well at the bottom of the bottle containing glycerine, which was intended to retain any germs carried by the air passing through it; by rotating the bottle its sides were also smeared with glycerine, to give a still larger surface of glycerine for the contact of the air which, after entering the funnel, was forced through the apparatus by using the pump. This was undoubtedly an effective germ trap, but the impossibility of drying the glycerine, which it was necessary to do in order to obtain microscopic proof of the presence of bacilli, obliged me to devise another method of obtaining them.

The second trap consisted of a brass cylinder containing a series of snugly fitted steel discs. Each disc was perforated in such a manner that, when placed together, the openings formed a cone. Between each of these discs, across their openings, thin layers of pyroxylin were placed; the discs were then introduced into the cylinder, which was tightly fastened. To one end of the cylinder the pump connection was affixed, and the other end was connected with the funnel, which was placed over the ventilating flue, to take the air. When the pump was put in motion it drew the air through the apparatus and necessarily through the veils of pyroxylin held in position by the metal discs, the pyroxylin thus serving to intercept the passage of any germs.

With this apparatus I visited a number of places of public resort, and through the courtesy of those in authority I was given free access to the parts of the establishments wherein the exit flues were located. These flues, in all instances except one, were placed in the ceiling of the auditorium and directly over the audience. Here I placed the funnel-shaped extremity of the apparatus, and its pump was kept continuously in motion until fifteen or twenty minutes after the audiences had retired. This experiment was repeated a number of times at each establishment I visited. The trap was then dismantled; the thin layers or veils of pyroxylin were removed from between the steel discs, and placed in the hands of Drs. E. O. Shakespeare and Morris Longstreth, for microscopic examination. These skilful microscopists have made the following reports:—

Philadelphia, Feb. 3, 1885.

Dear Doctor:—The specimens of pyroxylin (Nos. 1, 2, 3 and 4) which you sent to me to examine microscopically for the presence or absence of tubercle-bacilli, were variously treated. Nos. 1, 2 and 3 were separately dissolved in a mixture of absolute alcohol and ether. The collodion thus formed was handled in either of two ways: *a.* a thin film was deposited on a thin cover glass, such as is used in mounting of microscopic objects, and was stained in the manner recommended by Koch for the demonstration of the tubercle-bacillus; or, *b.* the collodion was excessively diluted in a test-tube, by addition of relatively

large quantities of alcohol and ether, and then allowed to stand for some hours, in order that suspended portions might fall to the bottom. The fluid was then carefully drawn off. The sediment at the bottom of the test-tube was mixed with a drop or two of sterilized beef-peptone-fluid, such as I keep in stock for bacteria-culture use, and was spread in a thin film upon a coverglass. This film was also treated in the manner above mentioned for the demonstration of the tubercle-bacilli. I had, however, considerable trouble in following these methods. There was great difficulty in decolorizing the film; many times this seemed quite impossible.

In these three specimens of pyroxylin I found no bacilli tuberculosis.

No. 4 I determined to treat in another manner. I employed two different methods:—*a*. I took a portion of the pyroxylin and stained it, as I would do sections of tissue in which I wished to seek for tubercle-bacilli, namely, in the manner recommended and practiced by Koch. Methyl-violet being the color used in the aniline oil mixture. These were subsequently mounted in balsam in the usual way without converting them into collodion. *b*. Other portions of the pyroxylin were stained without fuchsin as the color of the aniline oil mixture. After staining in the usual way, including the methyl-blue as contrast color, the pyroxylin was placed on an object-glass slide for the microscope and converted into collodion by using a mixture of ether and alcohol. As soon as it was dissolved a thin glass cover was placed over it. This latter method, in my hands, was by far the most satisfactory.

In the portion of pyroxylin prepared by the "*a*" method I found two objects which, by their size, shape and color, had they been isolated and seen in sputum, I would have taken for tubercle-bacilli, but these objects were attached to fibres of pyroxylin which, in spite of the successive action of weak nitric acid and of strong alcohol, and in spite of the subsequent use of Bismarck brown as a contrast color, were also tinted violet. This observation must, therefore, be classed as negative or, at least, doubtful.

In the portion of pyroxylin treated by the latter method "*b*," I found, after painstaking search, one bacillus, which, on account of its size, shape, and quite characteristic color (bright red, the ground being blue), I had no doubt was a tubercle-bacillus. There were two other rod-like forms which in size and shape appeared identical with tubercle-bacilli, but the color which they showed was so indistinct that it could not be safely made out. I have to report, then, the finding of one tubercle-bacillus in the specimen marked No. 4. There were, of course, numerous other objects in all the specimens examined, but as you wished only to know of the tubercle-bacillus, I have thought it needless to particularize concerning them.

Yours very truly,

E. O. Shakespeare.

To Dr. W. H. Webb.

Philadelphia, Feb. 4, 1885.

Dear Doctor:—In compliance with your request I enclose the following report on the examination of pyroxylin from your germ-trap, in relation to the presence or absence of the Bacillus of Tuberculosis (Koch).

The material consisted of five small pledgets of cotton, contained in a small phial, sealed with paraffin.

The five portions were carefully kept apart and examined separately.

The staining method employed was that recommended by Koch: Aniline oil and fuchsin, bleaching with dilute nitric acid, washing with dilute alcohol, contrast stain with methyl-blue (in some slides), and washing finally in absolute alcohol. The only variation made in this method of mounting as usually practiced was in using a dammar medium instead of Canada balsam, which I have employed, since I have found that the dammar hardens more rapidly than the other. The examination of the specimens can be made with the oil-immersion lenses more promptly, without the risks involved in displacing the cover glasses, should the oil come in contact with the mounting medium. It was found by a preliminary examination that four of the five specimens of cotton were

not likely to furnish any number of bacilli, and the further search among these four specimens was consequently abandoned.

The fifth specimen, labeled No. 1, engaged the sole attention of further examination, as it was composed of the cotton which first met the current of air as drawn through the trap.

The cotton was very much discolored by dust and other matter, particles of which could easily be shaken off from it. Care, however, was observed so as to lose as little as possible of these adhering matters.

The staining, bleaching and other steps in mounting were carried out by first placing the cotton in a watch glass containing the aniline fuchsin stain and allowing it to remain, tightly covered, for twelve hours. Portions of the cotton were then thinly spread on a cover-glass, and the subsequent steps of the operation carried on in this position. It has been usual, I believe, in examining gun-cotton, to detect the presence of objects capable of being shown by a differential staining, to convert the cotton into collodion by admixture of ether and alcohol. This method I avoided, in the chief examination, as being essentially faulty, since if the bacilli should be present in a dried film of collodion it would be impossible for the staining agents to come in contact with the micro-organisms buried in the depth of the film.

Very considerable difficulty and much tedious searching were encountered in the microscopic examination, owing to interlacing and overlying arrangement of the cotton fibres. For although the strongest pressure was placed on the covers which the glass would stand—and many specimens were lost in this manner—nevertheless the depth of the material presented a field of much confusion. The confusion was somewhat lessened, but not removed, by adding another step to the process of mounting, viz: by treating the cotton after staining and bleaching with a mixture of ether and alcohol for the purpose of converting it into collodion. While this treatment dissolved the cotton fibres still some fibres of flax and wool were left. It did not, of course, help the confusion due to large amounts of dirt particles which were present. It was hoped that by thus making a collodion of the gun-cotton, after the staining process was completed, some advantages might be obtained. Such, however, was not the case. The examination of six slides from specimen No. 1 gave the following results:—

Slide a. 1 bacillus, 1 doubtful.
" b. 6 bacilli.
" c. 3 "
" d. 1 bacillus.
" e. none.
" f. uncertain.

It is not intended to convey the idea that these were the only bacilli present. A very careful examination might reveal the presence of more organisms. For the uncertainty of the examination excuse must be found in the nature of the materials dealt with; the impossibility of rendering the layer of material of uniform thickness, as can be readily done with sputa and with sections of tissue; the very large amount of dust particles scattered through a layer of considerable thickness; the facts, also, which I have not seen alluded to previously, that many fibres of cotton have in them clefts, which retain staining material in spite of bleaching; many of these clefts closely approach in length and breadth the figures of the bacillus; and, finally, the short time which I have been allowed for the work since the specimens were placed in my charge for examination.

Yours very truly,

MORRIS LONGSTRETH.

To Dr. W. H. Webb.

The layer or veil of pyroxylin through which the air from the flues first passed seems to have stopped the passage of all germs and other atoms, and in this way acted as a trap, to the exclusion of the other veils of pyroxylin placed between the discs for that purpose. Unfortunately, the portion submitted to Dr. Shakespeare for examination was not of the first layer, and to this may be attributed his inability to find more than one bacillus.

Furthermore, the number of bacilli found by Dr. Longstreth in the minute

particle of the material he examined seems to indicate the presence of vast numbers of these germs in the entire layer removed from the trap.

And now, in conclusion, I desire it to be understood that I have spoken, not so much to maintain a proposition as to reveal the truth; and that in giving you the opinion of those who have beaten a path wherein we may the more easily travel, I have but done justice to a class of men equally endowed as ourselves to observe and to reason from cause to effect. I would also state that the aim of this paper is simply to emphasize facts, leaving you to deal with them as your wisdom may dictate. A careful analysis of the writings and investigations of those who have given special thought to the subject which I have treated, reveals the fact that since the time of Hippocrates there has been a gradual but steady progress towards the grand beacon which now illuminates our way. The very slowness of the advance, the suspicion with which the announcement of every new development has been received, and the earnest criticism to which they have been subjected, insures the safety of our position to-day. Apart from the ocular demonstration of scientific investigations of modern times, and from a purely clinical standpoint alone, the weight of evidence as to the contagiousness of tuberculosis, must certainly be appreciated by you all. Even those who do not acknowledge it in words, proclaim it by their manifestations of doubt, and quiet avowal that there is something lacking which will enable them to fix upon the cause of a disease maintaining such marked characteristics from age to age, and among all people.

We are living in a scientific age, and the medical profession is thoroughly imbued with its spirit and import. We deal with facts, and are little inclined to give heed to that which is purely speculative. Such superstitions as the "Royal Touch," belong to a departed age, "Coincidences" and "Happened so's" serve no longer to answer our inquiries concerning the causes or nature of disease. Never before have we been so well established in respect to the means and methods of making research and experiments in the domain of medicine, and never before have the searchers after its truths been more earnest in their efforts or more hopeful of grand results. The discovery of the tubercle-bacillus is a scientific fact; all, with the same facilities, may see what others have seen. It is the one thing tangible, describable, known by its peculiarities among entities as readily as one individual is known from another. To doubt its existence in tuberculosis, is to doubt the utility of scientific medical research, and to abandon further progress to the unstable dreams of theorists. The sputu of the phthisical contain these germs; the air they exhale is loaded with them or their spores, and their introduction into the system of animals will always produce tuberculosis *while nothing else will.* These are not speculations, but demonstrable facts! Furthermore, clinical observations go to prove conclusively, that healthy individuals, living in an atmosphere contaminated by the phthisical, will contract this disease, and not any other which might be due to a lowered vitality, from being in close quarters and breathing a vitiated air. That there is yet much to be learned in regard to the tubercle-bacillus there can be no doubt. Still, having made a wide breach in the walls that hemmed in the mystery of tuberculosis, it behooves us to press on to its complete solution.

And now, Mr. President and Fellows of the College, my remarks on the question at issue are, for the present, at an end; but I feel that I would be recreant to the cause I have espoused did I not avail myself of this opportunity to state that, in more than one instance, in articles recently published, the non-contagionists, it seems to me, have wilfully, unhesitatingly, and without warrant, perverted the language, even absolutely falsifying the statements, of authors they quote in support of their cause. That such reprehensible practices should be resorted to, for what must necessarily be but a momentary triumph, is of itself strong evidence of the vulnerability of their position, and requires no word of condemnation from me; nor would I

think proper to notice it at this juncture, were it not to point out the necessity for all conscientious investigators to verify every and all citations by referring, wherever possible, to the original documents. And if my feeble efforts have, in the slightest degree, advanced the cause of truth and humanity, my labor has not been in vain. Now—

"Say as you think, and speak it from your souls."
"What you do
Still betters what is done."

NOTE ON A SPECIMEN OF ENORMOUSLY HYPERTROPHIED HEART, WEIGHING FORTY-EIGHT OUNCES.*

BY CHARLES W. DULLES, M.D.,

Surgeon to the Out-Patient Departments of the Hospital of the University of Pennsylvania and of the Presbyterian Hospital.

Cases of essential hypertrophy of the heart are not rare; but cases in which the hypertrophy has been as great as in the specimen I desire to place in the Mütter Museum of the College, are very rare indeed.

The history of the case from which I obtained this specimen is briefly as follows:

J. D., a young man 18 years old, with an unusually large frame for his age, had long been a sufferer with rheumatism, when he came under my care, in 1882, in an acute attack. At the time I first saw him, he was suffering with great dyspnœa, and on examination I found he had an enormously dilated and hypertrophied heart. with a strong, harsh, mitral systolic murmur. His urine was orange-brown, containing bile pigments in considerable quantity, a great excess of urates, a deficiency of phosphates, and no albumen nor sugar. In the sediment there were no evidences of renal disease. His pulse was 120, and tumultuous, and there was, of course, a strong apex impulse. I cleared his bowels out with one grain doses of calomel, given hourly, and then gave him some morphia and spirits of chloroform to allay his pain. The regular treatment consisted of the use of digitalis with iron and strychnia, to steady and slow the heart. This, however, did but little good, and entirely failed to reduce the rapidity of the pulse. At one time I tried the effect of veratrum viride; but this was absolutely useless. The only good result I got was from the administration of twenty grain doses of the iodide of potassium thrice daily. This led to the disappearance of the murmur, the almost entire disappearance of the cough which had troubled the patient, to the clearing up of his urine, to his sleeping well and eating well, and to his being able to get about again.

This amelioration lasted for six weeks, when he got worse again, and had a bad attack of gastric disturbance, dyspnœa, and some cyanosis. Soon fluid began to accumulate in his abdomen and thorax, as well as under the skin of his extremities. He now had a most beautiful water-hammer pulse in both femoral arteries, just below Poupart's ligament. Three weeks later he had a similar exacerbation of his symptoms, and three weeks afterwards another. He now had considerable albumen and a number of hyaline tube-casts in his urine.

One night, after he had been under my care for four months and a half, I was called to him, and found him, as I had done on other occasions, laboring with intense dyspnœa and great cyanosis. I gave him, as I had done before, a hypodermic injection of hydrochlorate of pilocarpine. As I had found one fifth of a grain apparently too small a dose before, I now administered one third of a grain. This brought on free sweating, and the discharge of about two ounces of saliva. His pulse came down from 140 to 100 in half an hour, and his dyspnœa was moderated. But he continued restless, the dyspnœa returned, his respiration varied from 35 to 60 in the minute, his cyanosis increased, his bowels moved involuntarily, his lungs seemed to fill up with œdema, and he soon died asphyxiated.

At the autopsy, in which Dr. Formad and Dr. J. H. Musser kindly assisted me, the abdomen was found to contain

*Read before the College of Physicians of Philadelphia, March 4, 1885.

about two quarts of clear serum, and each side of the thorax about as much. There was general œdema of the feet and legs. The lungs were compressed, but not diseased, though they were œdematous. The liver was somewhat fatty. The spleen was hard and tough, but of normal size. The kidneys were large, congenitally lobulated, and in a state of cyanotic hypertrophy. The heart was enormously hypertrophied, weighing, *after all the adherent parts were thoroughly removed, forty-eight ounces.* The pericardium was everywhere firmly adherent to the heart, and could not be separated from it, except with the knife. There was, therefore, no pericardial cavity whatever. After opening and washing the out the clots from the heart, the weight was forty ounces. All the valves were healthy, and seemed to be competent. The mitral orifice was enormous, measuring two and a half inches across. The muscular walls of the heart were symmetrically hypertrophied. The whole organ was about the size and had about the appearance of that of a bullock.

The best estimate as to the average weights of various organs of the body, which I know of, are those of the late Professor Reid, of Edinburgh. In his table,† the weight of the heart, between the ages of 16 and 20 years, is under seven ounces (six ounces and thirteen and four-tenths drachms). When this weight is compared with the total of forty-eight ounces (gross), in the present case, it will be seen how great was the excess here.

[After the reading of the preceding paper:—]

The President asked what was the supposed origin of the trouble.

Dr. Dulles said: There are two things to account for it. One is heredity. The other is rheumatism inducing primarily pericarditis. There is a sister much younger, who has the same condition of hypertrophy, and is, I think, going the same way.

†Tables of the Weights of some of the most important Organs of the Body at different Periods of Life, by John Reid, M. D., etc., Professor of Anatomy and Medicine in the University of St. Andrews. London aud Edinburgh Med. Jour., April, 1843, pp. 295–323.

Society Reports

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING THURSDAY, APRIL 7, 1885.

The President, Dr. Shakespeare, in the Chair.

Dr. Edward T. Bruen presented

A CASE OF ABSCESS IN THE SUPRA-RENAL CAPSULES.

The accompanying specimens were removed from the body of Mary S., æt. 57, who died in the Philadelphia Hospital. Two weeks before death she was admitted to the medical ward, and within a few days a circumscribed swelling in the left femoral region developed into an extensive abscess.

Death occurred apparently from septicæmia. No satisfactory previous history could be obtained.

Post-mortem examination disclosed left kidney one-third larger than normal capsule quite adherent. Upon removal the section showed a granulated surface pale and mottled. The pelvis of the kidney much dilated, *i. e.*, general evidences of parenchymatous nephritis.

Supra-renal body very much enlarged, and closely united with the kidney by strong inflammatory adhesions. It was of the size and shape of a hen's egg; on section showed cystic degeneration, or softening of the medullary portion, the contents of the cyst being a thick, purulent, creamy liquid filled with cheesy particles.

The cortical portion shows fibroid thickening forming a dense connective tissue wall ¼ to ½ inch in diameter.

The right kidney was of normal size, but showed changes similar to the left.

Right supra-renal body normal. Other abdominal organs normal; no peritonitis. Abdominal and other lymph glands throughout the body normal.

Thoracic organs normal.

On examination of left femoral region a large tumor was found; upon section pus was exuded freely, and a large abscess was discovered between

the extensors and adductors, and lying beneath the sartorius. The abscess extended into the hip-joint; the acetabulum and periosteum of the head of femur were eroded.

The comparative rarity of disease of the supra-renal body lends an interest to any lesions affecting it. Dr. Shakespeare has made some sections of the capsule of this tumor without finding any tubercular structure. There was no bronzing of the skin, nor any other symptoms than those naturally to be expected in association with a large abscess, such as was found in this case. These facts, together with the unilateral character of the lesion, incline me to consider this specimen as one of abscess in the supra-renal body.

DISCUSSION.

Dr. O'Hara asked whether this might not be a surviving abscess left after the absorption of other pus centres as he thought sometimes occurred.

Dr. Nancrede combatted this novel view, contending that while fugitive visceral *congestions* sometimes occurred in pyæmia, which readily disappeared, as well as certain collections of white blood cells in the thecæ of tendons and the bursæ contiguous to joints, yet he did not believe that a septic embolic producing infarcts could be absorbed, as maintained by Dr. O'Hara. Besides, if this explanation was correct the clinical history should indicate something of the sort, which it did not, being one of *septicæmia* not pyæmia.

Dr. Bruen said that there were one or two points of interest upon which he had not touched in the notes already read. The patient had led a dissipated life, having been brought into the hospital from one of the "slovens" of the city. He had supposed that the woman had received some injury, such as a blow, which had given rise to the abscess in the groin, and she had died with symptoms of septicæmia. He had, therefore, regarded the abscess in the renal capsule as secondary. The localization of the pathological process in but one capsule; the absence of bronzing of the skin; vomiting or vaso-motor disorder, separated the case from Addison's Disease. Indeed, it may be said, the ensemble of the latter disease was wanting. Cases of Addison's Disease have been described as being associated with abscess; but the disease was always bilateral, and in association with a special train of symptoms and with the absence of other pathological processes in the system.

The most valuable compilation of cases of diseases of the supra-renal capsules, up to the year 1866, could be found in the seventeenth volume of the Transactions of the London Pathological Society, 196 cases having been collected by Dr. Greenhow.

Dr. Osler presented

SPECIMEN OF ANEURISM OF THE AORTA WITH RUPTURE IN THE TRACHEA IN TWO PLACES, AND PERFORATION OF THE ŒSOPHAGUS.

W. J., aged 54 years, colored, a teamster by occupation, and accustomed to do heavy work. Has been healthy and strong; no history of syphilis. In August, 1882, he began to suffer with pains in the chest and left shoulder, but he did not have any serious inconvenience until September, 1883, when he was attacked with cough and thoracic trouble, possibly pulmonary, which kept him in the house and in bed for several months. It was not until May of last year that he was able to work. Since July he has had at times attacks of shortness of breath with wheezing, and often at night has had to sit up in bed. Within the past three weeks the pains in the shoulder and down the left arm have become very severe, and the cough and shortness of breath have increased. Note on admission was as follows: Well-built man; face thin; general musculature good; inspiration rough and noisy; expiration loud and harsh, and often accompanied by a brazeny laryngeal cough; respiration eighteen per minute; can rest in the recumbent position. On inspection, the left side of the neck is much flattened especially above the clavicle, and the sterno-mastoid muscle on that side is evidently atrophied. Apex beat visible in normal position; no abnormal pulsa-

tion; slight visible pulsation in vessels of neck. Palpation in the ordinary way negative, but on firm pressure with one palm on the upper bone of sternum and the other on the back, a distinct impulse can be felt and the second sound is accentuated: deep pressure reveals pulsation above sternum and behind left sterno-clavicular joint. Percussion reveals a slight area of dulness over left half of the manubrium sterni and beneath left sterno-clavicular joint. Heart dulness not increased; auscultation, heart sounds clear. At sterno-clavicular joint, when the breath was held, there is a soft double murmur, the diastolic the louder, and the second sound seems markedly accentuated. These murmurs can be heard over the left carotid and in suprasternal notch. The tugging at the trachea was marked on elevating the larynx; pupils equal. The left radial pulse is smaller than the right, and is slightly retarded. Lungs negative; loud tracheal and bronchial stridor; no pressure signs on either bronchus. Patient expectorates much thin muco-serous fluid, which is blood-tinged, and at times there are more consistent sputa containing much blood. He was ordered to take twenty grains of potassium iodide, t. d., and to rest quietly in bed; no restriction as to diet. Laryngoscopic examination showed that the left cord was immobile. Within three weeks he was greatly benefitted as regards the pains, cough and wheezing, and the blood had disappeared from the sputum. Throughout February he remained very well, having occasional attacks of spasmodic coughing at night, which were relieved by spts. ether. comp. His general health improved and he was allowed to get about the ward. Sputum occasionally tinged with blood. On March 19th he was shown to the class and the following changes noted: Slight increase in substernal dulness on firm percussion; more marked accentuation of second sound over this region; persistence of the double murmur, which was now also to be heard just to the right of the sternum and at the aortic cartilage, and at this point it was the loudest. No increase in the pulsation, but in certain lights a slight impulse at the upper part of the sternum was visible. At the beginning of the month he began to be more wheezy, the stridor was very marked, and the dyspnœa became urgent so that he had to sit up in bed. Sometimes these attacks would come on suddenly. On the 5th and 6th he spat up some bright blood, but not in any great amount, and gradually sank, dying at 9.30 P. M. The specimen removed by Dr. Hamaker shows an aneurism of the aortic arch which occupied a position between the first bone of the sternum and the spine, very firm, solid and about the size of an orange. The entire arch is dilated, but the sac of the aneurism involves especially the upper posterior part and is lined with dense, yellow, fibrinous laminæ. The orifices of the innominate and left carotid are free, that of the left subclavian is considerably narrowed by atheromatous ridges. The great veins are not compressed. The left recurrent laryngeal passes round the sac, is much stretched and looks thinned; the right is normal. The trachea is much compressed about the middle of its course, and the aneurism causes a marked bulging in the left side, where two perforations can be seen. The upper one about six cm. from the bifurcation is only about two or three m. m. in diameter, and the tissues about it are thickened, dark and the mucosa somewhat fibrous. The lower orifice is smaller and looks more recent. Neither of these lead directly into the sac proper but into a small pocket situated between the dense laminæ of fibrin and the thinned tracheal wall. On inspecting the œsophagus an oval perforation was found seven cm. from the cricoid cartilage, which communicated directly with the sac, but was partially blocked with fibrinous clots. The stomach was found distended with fresh clots, and there was much altered blood in the small intestines. Collapse and congestion of the bases were the only changes in the lungs. The heart was not hypertrophied; valves were normal; muscle substance flabby and in a state of fatty degeneration, and brown atrophy.

The points of interest in this case were the repeated bleedings extending

over several months, and the associated wasting of the muscles of left side of the neck. At first the bleeding was looked upon as an indication that erosion of the trachea had occurred, but subsequently it was thought more probable that it came from swollen mucosa at the site of the compression. No doubt the first supposition was the correct one, as the upper of the perforations had probably been the source of the bleeding, but the firm, healthy clots effectually prevented any profuse hemorrhage. The final bleeding into the œsophagus also took place very slowly, probably during the last thirty-one hours of life, as there was dark, much altered blood in the ileum. It is impossible to say upon what the atrophy of the neck muscles depended, as no careful dissection was made of the nerves in that region; possibly the sympathetic was affected, but there was no difference of the pupils.

In reply to a question, Dr. Osler said that the iodide of potassium was given chiefly with a view of relieving the pains, and it had the desired effect.

Dr. W. A. Edwards read an elaborate description of a

SPECIMEN OF THE LUNGS WHERE THE RIGHT HAD FOUR LOBES.

The paper was accompanied by a careful drawing of the specimen, which had unfortunately been destroyed by the evaporation of the preserving fluid.

Dr. Osler asked whether there had been any dissection made of the bronchi and blood vessels of the abnormal lobe.

Dr. Edwards replied that no very careful dissection had been made as he wished to preserve so rare a specimen, but as far as his examination went, he could see nothing abnormal.

Dr. H. R. Wharton presented a specimen removed by amputation from a patient in the University Hospital under the care of Prof. Ashhurst, which showed a marked degeneration of the knee-joint resulting from inflammation of that articulation.

The patient from whom this specimen was removed was a man aged forty years, who three years before had received slight injury of the right knee, which caused him more or less trouble up to January, 1885. At this time while at his work he twisted the affected knee; this injury was followed by an attack of acute inflammation, which went on to suppuration and destruction of the cartilages. The patient when admitted to the hospital had a high temperature, profuse sweats and a rapid and feeble pulse. His condition was so urgent that it was deemed advisable to remove the part by amputation rather than to make use of the more conservative operation, excision of the knee-joint.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD, APRIL 13, 1885.

(*Specially Reported for the Md. Med. Journ.*).

The meeting was called to order at 8.40 P. M. by the President, Dr. J. T. Smith.

Dr. Gibbons reported the following case: Was called in to see a man who had been paralysed on right side. The patient could repeat after you, but could not express himself. He breathed slowly sometime before he died. The heart continued to beat about four minutes after the respiration ceased.

Dr. Earle asked if Dr. Miles had given the seat of trouble as the third frontal convolution.

Dr. Waters said this was not a settled thing, as many authors disputed this.

Dr. Earle said he spoke so positively because Dr. Councilman had told him that this view was held by most pathologists at present.

Dr. Pennington said he had had a similar case. He was attending a man for rheumatism; when the patient awoke one morning he could not speak or write. This continued for about ten days. Dr. Miles saw the patient in consultation with Dr. P. and thought it a case of embolism. Afterwards softening of the brain set in and patient died.

Dr. Coleman mentioned the heart beating after respiration ceased. He said this was the case after death from

chloroform. Experiments with kittens showed the heart to beat some time after respiration ceased.

THREE CASES OF OSSIFICATIN OF THE CHOROID AND ONE OF THE LENS WITH SPECIMENS.

Dr. Coleman reported the above cases.

Case I.—Harriet P., æt. 40, colored, states, April 14th, 1881, five years previously, she got lime in right eye; this was not followed by much pain, but in a month the right of the eye was lost; since then the right eye has been free from pains until a month ago when the sight of the left eye began to fail and is now blind.

Present state; the right is three-quarters the size of a normal globe.

The left eye light perception only; the cornea so opaque as to render iris invisible. Diagnosis sympathetic serious kerato-iritis.

August 9th, in spite of treatment, the vision of left eye has not improved.

Treatment; enucleation of right eye.

Examination of enucleated eye. At the posterior pole of the fundus there is found on microscopical examination an angular cribriform plate of bone lining the choroid.

Case II.—July 17, 1881.—Annie R., æt. 49, colored, says the right eye was struck by a bone twelve years ago; three months after she became blind; during the three months the eye was very painful, and has been slightly so since.

The left eye for the last three months sensitive to light and cannot see as well as usual.

Present state; right eye atrophied to two-thirds normal state. Lens yellow and calcarious; very marked superior ciliary tenderness; left eye vision $\frac{15}{70}$. Diagnosis ossification of choroid.

Treatment; enucleation of right eye.

August 1, 1881, no photophobia and vision the same.

Microscopical examination of enucleated eye shows a calcarious lens in normal position. A thick transverse septum of cyclitic membrane separates the lens from an irregular, thick, ossified shell lining the choroid, extending to and perforated by the optic papilla and occupying from one-quarter to one-third of the vitreous space.

Case III.—Andrew W., æt. 40, a farmer, consulted me August 23, 1883. The right eye was lost fourteen years before from disease; has been free from pain since. The sight of left eye began to fail ten years ago; has never been painful.

Present state; right eye one-half size of normal; globe slightly tender to touch, and probably contains ossified choroid. Left eye has only light perception; field of vision normal. Very small central undilatable pupil. The lens are opaque.

September 12.—The field of vision and light perception being good, extraction of the lens was advised and consented to.

The lens were removed by the lower incision at the sclero-corneal margin. The right eye was enucleated, and on examination was found to be embedded in connective tissue. In the normal position of the lens is found a hard, slightly excavated mass, which has in parts a chalky appearance, and in parts all the characters of bone.

Case IV.—J. H. D., æt. 34, barrister, consulted me July 21, 1881, on account of vision failing in right eye. The left eye, lost in infancy, is reduced to three-quarters its normal size. Cornea semi-opaque. Sight of right eye perfect until fifteen years ago, when it was impaired for about a week and was accompanied by a blood-shot appearance and also pain; has had similar attacks since July 7th; enucleated left eye.

August 31.—Patient has improved; very much stronger.

Examination of enucleated eye; a thick, bony shell lines the choroid extending from the papilla to the ciliary process and occupying from one-third to one-half of the vitreous space.

Dr. Friedenwald mentioned two cases similar to the above.

THREE CASES OF STRICTURE OF THE RECTUM.

Dr. Earle opened the regular subject for discussion by reading a paper on the above subject. He also exhibited specimens of the same.

Specimen I is taken from a patient who died at Bayview Asylum of pneumonia combined with morbus Brightii. On attempting to remove the rectum it was found to be intimately adherent to the the sacrum that it could only be removed from this by a close dissection with the knife. On opening the rectum posteriorly it was found to be embedded in and surrounded by a mass of firm, fibrous tissue. The rectum was thickened and contracted from the anus upwards for a distance of about six inches; the bowel throughout was not of the same calibre. At the narrowest point it was so contracted that a passage not larger than the little finger was left. The rectum seemed to be almost entirely bared of mucous membrane. Immediately behind the bowel there was a large sinus, which communicated with the bowel above and below.

Microscopical examination showed the case to be one of scirrhus carcinoma. The tissue between the epithelial cells seemed to be almost entirely composed of non-striated muscular fibres. The woman had no lesion pointing to syphilis except a cicatrix over the right tonsils.

Specimen II.—This specimen was taken from a woman, æt. 37, with well-marked syphilitic history; she has a large mass of cicatricial tissue surrounded by dense fibrous tissue, in the bowels about four inches from the anus. There is a large and well-marked fistulous passage from the rectum into the lower portion of the vagina.

Specimen III is a case of stricture of the rectum in a woman æt. 27. In this case the stricture commences at a point about 1½ inches above the rectum, and extends up the bowel a distance of five inches. The stricture is well-marked, the calibre of the bowel being extremely narrow. The cause of the stricture in this case is also unknown, but supposed to be the result of dysenteric ulceration, because in the descending colon and other portions of the large intestines cicatrices, evidently due to dysenteric ulcerations, were found.

Dr. Earle also spoke of the history, causes and treatment of stricture of the rectum.

On motion, the Association then adjourned.

G. H. Chabot, M. D., Secretary.

Hospital Report.

THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL; MONTHLY REPORT FOR MARCH.

BY JULIAN J. CHISOLM, M. D.,

Surgeon in Charge.

The attendance during the month of March was 2,540 persons, an average of 97 patients for each day of month. Four hundred and eighty new patients were seen; upon these 107 operations were performed for the cure of eye, ear and throat diseases. Among them were 10 for cataract; 6 iridectomies for glaucoma; 8 enucleations; 20 strabismic operations, and 27 splitting of the lachrymal canals for tear drop. At the present there are 31 patients in hospital, all eye cases, except one of laryngeal stenosis recently operated upon for tracheotomy. Of the 30 eye cases only 3 are under treatment for disease, two undergoing the jequirity treatment for granular lids with pannus, and one of choroiditis. The 27 are cases recently operated upon for cataract, or iridectomies for glaucoma or chronic corneal ulcers.

For the three months commencing January 1, 1885, the surgical work of the hospital has been very large. The new patients admitted for treatment in the dispensary were 1,904, with an attendance of 6,667, an average of 87 for each working day. Upon these 298 operations have been performed, of which 39 were for cataract, 19 iridectomies, 47 for tear drop, 16 enucleations and 28 squints.

For all operations upon the eye of adults and large children the four per cent. solution of cocaine is used to prevent pain as a local anæsthetic. The only exceptions to this rule is in glaucoma with high ocular tension, when absorption of the cocaine is not prompt; and also for enucleation. The injection of cocaine into the socket tissues has not proved altogether satisfactory.

In only one case was the removal of the eye-ball, under cocaine injections, painless. In several so much suffering was complained of that the surgical procedure was stopped until chloroform anæsthesia could be induced. In operations upon small children, the bromide of ethyl is the anæsthetic invariably used. For four years its administration at the hospital has been constant and its action found uniformly satisfactory. So far we have met with no patient who could resist its sleep-producing influences. A drachm of the ethyl poured into the apex of an air-tight cone, made of a folded towel, and held over the nose and mouth of a patient for a minute, will induce perfect anæsthesia. Most frequently thirty seconds will suffice to bring about deep sleep, with perfect insensibility to pain. The anæsthetic action will last for two or three minutes only, but quite long enough to perform most of the painful operations on the eye, such as tenotomies, opening lachrymal abscesses, passing lachrymal probes; scraping out tarsal taraus, etc.

With me, bromide of ethyl anæsthesias are numbered by the thousand, and are uniformly successful. So invaluable do I find this agent in surgical work that I am much surprised at the slowness with which so good a remedy secures professional favor. As I have already said, I have found no patient who could not be put to sleep in sixty seconds, and from my experience it is applicable to every one needing a surgical operation of short duration. When the patients regain consciousness after two or three minutes deep sleep they are not inconvenienced or discomforted by nausea, headache, lassitude, tottering gait or any malaise whatever. The person is ready to resume any occupation, which was suspended temporarily for the anæsthesia. For these happy effects I, of course, refer to cases in which one single inhalation of the bromide of ethyl is administered. Should consciousness return before the operation is completed and a renewal of the inhalation be required, the effects from this double dose will be in all respects similar to chloroform inhalation, with nausea and indisposition to exertion. I have very often seen ladies proceed on shopping expeditions, who had been to my office to have a large lachrymal probe passed for nasal duct obstruction. They seemed to think nothing of taking the bromide of ethyl every other day for weeks. In five minutes after the anæsthetic action they would have their bonnets on, feeling quite as well as they had done before the inhalation was used.

Honest (?) Medical Colleges.—Dr. Rauch says that his experience during the last six years has shown him "that a strict adherence to their advertised requirements is the exception among colleges rather than the rule," and that in fully three-fourths of them there have been irregularities of more or less gravity. He says further that many of the announcements of the medical colleges "are of such a character that if a private practitioner had been guilty of publishing a professional card making such claims and couched in such terms he would have been expelled from almost any medical society for gross violation of ethics.—*St. Louis Courier of Medicine.*

As a cheap prescription for chills, Dr. J. B. Johnson (*Med. and Surg. Rep.*) recommends the following:

℞:—

Sulphate of cinchonidia, Sulphate of cinchona, Powd. purified chinoidine,	aa grs. xx
Powdered aloes,	gr. x
Powdered sulphate of iron, (ferri sulph. exs.), Powdered capsicum,	aa grs. xx
Syrup,	q. s

M. Divide into twenty-one pills. Sig Dose, three pills every three hours.

These pills I have found to be not only efficacious in arresting the chills, but a most excellent tonic in giving tone to the general system after the chills have been arrested; and for this purpose I required my chill patients to continue them for a month or six weeks to prevent a relapse.—*Louisville Med. Journ.*

MARYLAND MEDICAL JOURNAL,

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BALTIMORE, APRIL 2, 1885.

Editorial.

PROF. LORETTO'S CASE OF CURE OF ABDOMINAL ANEURISM BY INTRODUCTION OF WIRE INTO THE SAC.—The remarkable case—reported under another head—in which Prof. Loretto, of Bologna, is said to have cured an abdominal, probably an aortic, aneurism by the introduction of silvered copper wire into the sac, is attracting universal notice and highly favorable comment. Hitherto such cases being considered unamenable to the ligature or compression have been usually relegated to the physician for treatment by rest, diet and medicine; but the results have never been such as to justify a belief in even the possibility of cure by these means. It cannot be claimed, however, that instrumental methods are unknown in abdominal aneurism. A reference to the literature of the subject will show that galvano-puncture has been advocated and tried with a view to producing coagulation of the contents of the sac, and in quite a number of cases with success. For instance, Ciniselli reports a case in which an aneurism of the ascending aorta was at least temporarily cured, the patient being able to resume his occupation, that of coachman, ten weeks after operation, feeling quite well. But the uncertainties and hazard of this method make it only available in cases where a *dernier ressort* is admissible. Even the introduction of wire into the sac is no novelty, and the writer was rather astonished after reading an editorial on the case of Prof. Loretto, in the *Brit. Med. Journ.*, to find that several similar cases are on record. Mr. C. H. Moore, of the Middlesex Hospital, (*Med. Chir. Trans.*, vol. 47) first suggested the use of wire introduced into the sac with the view of detaining the fibrin and producing coagulation. He carried his idea into execution in the case of a large aneurism of the arch of the aorta, which was on the point of bursting into the pericardium and through the skin. He introduced twenty-six yards of fine iron wire through a small canula, endeavoring to coil it up all around the sac by moving the extremity of the canula to and fro. Rapid coagulation followed, pulsation ceased, and the pulse fell from 116 to 78. But severe inflammation of the sac soon set in, pulsation and tension in the tumor returned and death ensued on the fifth day from extension of the inflammation to the pericardium. This was in 1864. A similar unsuccessful case is said to have occurred shortly after in Liverpool. Two other cases of introduction of iron wire are given by Dr. Lewis A. Stimson, in the first American edition of *Holmes' System of Surgery*, vol. 2, p. 378; also of the introduction of other foreign bodies as horse-hair, needles and catgut. The results in these cases are certainly far from being discouraging, and as Dr. Stimson remarks, the foreign substances do not appear to have been injurious to the patient, and in one of the cases (Mr. Heath's) a cure seems to have been effected by the agency of horse-hair. So that it does not appear that the credit of originality belongs to Loretto, whose case was in every way favorable for the method, and who, above all, had the good fortune to *succeed.*

Moore's case, on the other hand, was in an advanced and probably incurable stage at the time of the operation, and it has been suggested that the fatal irritation may have been due to the use of too large a quantity of wire. Prof. Loretto's experience will have the effect of again drawing attention to this operation, which certainly did not previously stand in favor with authorities on surgery. We shall probably not have to wait long before our enterprising surgeons, ever on the alert for operative novelties, will repeat it. We will venture to caution them that the operation appears to have

a limited applicability only and that much judgment is requisite in the selection of suitable cases.

The Duty of Maintaining the Code of Medical Ethics.—The duty of maintaining the highest standard of medical ethics is so fully and carefully taught by all medical organizations, worthy of a name, and by the traditions and practices of the professsion that we are surprised that any physician should so far forget himself as to be misled into an action which is in plain violation of this duty. We know, however, that physicians will make blunders and mistakes, and, occasionally, lose sight of the fact that their ethics are compromised by their actions.

It is necessary to remind those who go wrong that a rule of conduct is applicable to them, and the necessity of inflicting a punishment, adequate to the offence committed, is the plain duty of their professional brethren. This is especially true of those who hold a membership in a respectable medical organization where the code is recognized and prescribed. The physician who is not identified with a medical organization becomes a law unto himself and is at liberty to formulate his own code; but he is none the less responsible to medical opinion for his acts, and will suffer in more respects than one if he lives in rebellion against good professional conduct. It can make little difference who the physician is, his character and reputation as a medical man and as a citizen will suffer if his acts are unbecoming to the dignity and respectability of his profession.

The code is not an arbitrary set of rules designed simply to restrain physicians from violating the etiquette of professional courtesy. It has a deeper significance than this. Its purport is to regulate the action of the profession in all the the relations which exist between physician and physician and between the physician and the public. The practice of medicine demands honesty, unselfishness and correctness of purpose. It is absolutely important that the physician should be impressed with the greatness of his mission and with the responsibility of the service he is engaged to perform. The obligations imposed on him are of the most sacred and exacting character. The highest order of service is committed to his charge.

His actions towards his professional brethren and towards the public should come up to a recognized standard of conduct, and it is for this very reason that a rule of conduct has been formulated for his guidance and observance. The Code of Ethics is a necessary system of medical laws just so long as men will not live up to the highest rules of conduct which should govern the relations between gentlemen and between honorable people.

Our fathers before us found it necessary to establish a code, and it becomes our duty to observe it and to enforce obedience in others to its principles.

Recognizing the rules of the code every professional action should be squared by its observance, and those members of the profession who violate these rules should be made to suffer for their conduct.

It was with these ideas in view that we took occasion to condemn the action of the Health Commissioner, of this city, and other physicians for having violated the code by endorsing, in the most public manner, a cough nostrum manufactured in this city. These gentlemen were guilty of a gross violation of good ethical principles, and their action was open to the censure of their professional friends. The profession in this city could not in justice to its teachings and observances ignore and tolerate their action, especially since a number of these gentlemen were members of medical organizations which recognized the authority of the code. The Medical and Chirurgical Faculty of Maryland, the recognized authority on all professional and ethical questions in this State, considers it necessary to appoint a permanent committee on ethics, to which committee all questions of an ethical character are referred. It was the the opinion of this committee that the Health Commissioner and the physicians mentioned had been guilty of a violation of its code. It remained for the members of the Faculty to affix an adequate punishment for the offense committed.

This was done in open session by a suspension for twelve months from membership in the Faculty. The sense of the Faculty was divided. Severer measures were recommended but lost for want of a larger support. There were palliating circumstances in connection with this breach of ethics which were entitled to and did receive kind consideration. This was the first offense. Its occurrence was extremely painful and mortifying to the gentlemen who committed it. Their mistake was a grievous one and it took such a shape in this community that the discipline administered by the Faculty was, in the opinion of the large majority of its members, a necessary one. The gentlemen at fault have been made to suffer, but their wounded feelings have purchased a vindication of professional principles which must exercise a wholesome influence upon medical interests of this State. The Faculty has reaffirmed its belief in the ethics of the American Medical Association. It has demanded a high standard of professional conduct and has discountenanced an alliance with those loose methods and practices of the age, which level all things to the standard of a barter and trade.

The fundamental principles of our professional relations to the public and to each other can never change. The law of brotherhood, the law of humanity, the law of charity, are the links which bind our common calling into a profession of noble acts and honest principles. It behooves us all to live up to and maintain these principles to the bitter end.

Elephantiasis of the Upper Extremity.—In the May number of the *Journal of Cutaneous and Venereal Diseases* just issued, there appear under the head of Dermatological Notes, by Dr. Geo. Henry Fox of New York, a report of an interesting case of elephantiasis arabum of the forearm and hand. The patient, who is a female, aged 46 years, has suffered with attacks of inflammation of the left arm and hand once or twice every year since she was quite a young girl. The inflammation appeared to be of an erysipelatous character. These attacks extending over more than twenty years have gradually produced an enlargement of the extremity. The condition of the skin is dry, harsh and scaly. There is no sensation of pain nor itching; the hand being only somewhat stiff and awkward, but not enough so to seriously impair its usefulness.

In his comments on the case, when speaking of the rarity of the location of this disease in the upper extremity, Dr. Fox states that the case reported is the only one of the kind ever seen by him; and, he adds, the only one, perhaps, ever observed in this country.

It is to this surmise that we beg to take exception, and we would call attention to a paper by Dr. Robert B. Morison, of Baltimore, entitled "Notes on a Case of Elephantiasis," which was published in the Maryland Medical Journal of February 21, 1885. This will be found to be a case of elephantiasis affecting the left forearm and hand of a man of 50 years of age. The patient is a syphilitic, and a psoriasis palmaris co-existed with the elephantiasis; the author attributes the disease in this case to a specific origin.

In Waring's statistics of elephantiasis, as quoted by Tilbury Fox, among nine hundred and forty-five cases of the disease only four cases presented the affection in the upper extremity.

It is remarkable that two cases of this very unusual location of a disease which in this country may be considered as rare, should be reported within so short a space of each other. As far as we know these are the first cases which have come under observation in this country; but to Dr. Morison belongs the priority, as the report of his case preceded by two months that of Dr. Fox.

Miscellany.

On the Use of Buried Sutures, Particularly in Plastic Operations.—The use of these originated with the gynecologists. Kuster approves very highly of buried sutures in perineorrhaphy. After it is all sewed up, his custom is to sever the sphincters in the posterior median line. Valuable again in colporraphy and Schrœder's laparomyotomy. The method has recently been taken up by general surgeons. Kuster has

observed the subsequent development of the abdominal hernia in nearly half his cases where Spencer Well's deep sutures were applied, while the new method, with courses of sutures, has yielded resistant cicatrices.

In some cases of radical operation for hernia, particularly in congenital inguinal forms, sutures in courses have been used. Kuster extends them to all forms. He has also found them valuable in ectropion of the lids, some urinary fistulæ, etc. The present development of surgery aims at healing a wound at one operation, so that the reparative forces of the body will suffice to complete the cure, and that in the shortest and pleasantest manner. To this end he pleads, with Neuber, for the use of buried sutures and the abolition of drains. Nevertheless he warns against the too universal application of Neuber's method without drainings.

In laparotomies, extirpation of a dermoid cyst between anus and coccyx, etc., he has succeeded with buried sutures and iodoform-collodion over the wound. "This latter forms the total, simplest possible dressing." When used with discretion this gives excellent results. He acknowledges the occasional occurrence of suppuration. For buried sutures he ordinarily uses catgut, but where the tension is considerable he puts a few silk ones along with the others.—*Annals of Surgery.*

Apparent Cure of Abdominal Aneurism by Introducing Wire into the Sac.—A sailor, æt. 30, had always enjoyed good health except for an attack of primary and secondary syphilis five years before. In February, 1883, while making violent efforts in furling a sail, he felt something give way in the belly. This was followed by excrutiating pains in the back and in the iliac and hypochondriac regions, gradually increasing in intensity till at last, in a year, he was wholly laid aside. But not till October, 1884, was a pulsating tumor found in the left hypochondrium. When admitted to the hospital, December, 1884, there was a large pulsating tumor in the epigastrium and left hypochondrium, with a loud *bruit*, having its maximum of intensity in the epigastrium. The pulse was hardly perceptible in the femoral arteries and ceased altogether when the tumor was compressed; the patient suffered grievously from neuralgic pains down the limbs, which were feeble and cold, and from gurgling noise in the viscera compressed by the aneurism. Regarding it as a traumatic sacciform aneurism probably springing by a narrowish neck from the aorta or one of its large branches, Signor Loretto determined to attempt to separate the sac from its connections and if possible close its opening out of the artery by suture or ligature; or to empty the sac, invert it, and sew it up; and if neither of these proceedings should prove possible, to stuff the cavity with wire. He chose wire in preference to horse-hair, silk, or other substances, which have been suggested, for reasons which he states and which seem satisfactory. The use of a coagulating injection was also contemplated but as the sequel showed would have been impracticable. The operation was performed December 19th, though an incision reaching from the end of the sternum (i. e., the root not tip of ensiform cartilage) to the umbilicus. It was made so high in order that the hand might be freely introduced to compress the sac, should it give way when the pressure of the abdominal wall was taken off. Numerous superficial adhesions were found and carefully separated; and then more deeply situated adhesions came into view, which united the sac to the stomach, omentum, transverse colon and liver. Most of these were divided, but it was found impossible to dissect the sac from the spleen, diaphragm and cardiac end of the stomach. Hence it was impossible to trace the aneurism down to its mouth, nor could it be compressed and emptied. It remained uncertain, therefore, whether the abdominal aorta itself or one of its great branches, was the vessel involved, though the former supposition seemed the more probable. The tumor, which was now fully exposed on its right side, was punctured with a fine trocar and silvered copper wire was passed in, in the direction

of the current of blood, that is, from above, on the right, downwards, and to the left. As soon as the wire experienced resistance, the canula was removed, the end of the wire pushed in with a needle, and the puncture, together with the surrounding tissues, lightly cauterized with pure carbolic acid. About two metres (a little over two yards) of wire had been introduced. The man passed a good night after the operation, which he had not done for two months and which he attributed to the diminished pulsation of the aneurism; and the pulse in the femoral arteries, which had been almost suppressed, reappeared. The *bruit* also diminished in intensity and had entirely disappeared on January 10th; and in a month after operation the tumor seemed quite consolidated, and had diminished to a quarter of its former size. It had no pulsation beyond the movement communicated to it by the artery on which it lay, and did not impinge on the parieties of either the thorax or the abdomen.

The hypochondrium, which had been considerably prominent, had resumed its former shape. The patient left his bed Feb. 2nd, and after remaining under observation three weeks, was discharged as cured. The whole period which had elapsed from the date of the operation to the publication of the paper was seventy days.

Medical Items.

Dr. H. G. Houston, the editor and proprietor of the Atlantic Journal of Medicine, published in Richmond, Va., died recently in that city. *The Southern Clinic* says of him: "As a physician, he was, as far as we could learn, accomplished, energetic and honorable. As an editor, he conducted his journal in such a manner as to win for himself the esteem and respect of his contemporaries."

Dr. Fusch, of Germany, has received the prize of 2000 francs, offered by the English Society for the Prevention of Blindness, for the best essay on the causes and prevention of blindness.

General Grant was able from his past military experience "to put himself in the place " of his medical attendants to good purpose. His reported remark to his physicians savors of true wisdom: "The doctors outside, I am informed, are writing about my case and talking about it, and some of them seem to think they know more about it than you gentlemen do, but it is like a time of war when the men at home think they know more about it and how to do it than the generals who are in the field fighting."—*Boston Med. and Surg. Jl.*

President Cleveland has appointed Dr. Geo. M. Sternberg, of the U. S. Army, a delegate to the International Cholera Conference which meets at Rome, Italy, May 15th. Dr. Sternberg is well-known to the scientific world through his original work in bacteriology. He has devoted much study to cholera and yellow fever epidermics, and his recent investigations in connection with disinfectants all point to him as the most suitable representative the Government could select for this Conference.

The medical department of the Georgetown University held its annual commencement on April 27th at the hall of the University. Rev. President Dounan, S. J., presided and conferred the degrees. Prof. F. Baker delivered an address to the graduating class. Dr. Taylor bestowed the prizes. There were eleven graduates. The valedictory address was made by J. Dudley Morgan, A. B., M. D.; and the presentation of prizes by Prof. Joseph Taber Johnson, M. D.

The Lunatic Asylums in Austria in 1881 numbered 27, containing 9,694 patients, or 42 per 100,000. Outside of the asylums the number of insane is 20,001, or 91 per 100,000 inhabitants. The per cent. discharged cured from asylums is only 6.7, against about 33 per cent. alleged to be cured in American asylums. The number of cretins in Austria is 15,151, or 69 per 100,000.—*Med. Record.*

The American Medical Association convened in New Orleans on Tuesday of this week. The attendance was not large, only 600 delegates having registered the first day. On Wednesday the following officers were elected to serve the ensuing year:

President, Wm. Brodie, of Michigan; first vice-president, Samuel Logan; second vice-president, A. Y. P. Garnett, of the District of Columbia; third vice-president, Charles Alexander; fourth vice-president, W. F. Peck; secretary, W. B. Atkinson; treasurer, R. J. Dunglison; librarian, C. H. A. Klindschmidt, District of Columbia.

The trustees of Jefferson Medical College, Philadelphia, have elected Prof. J. W. Holland as professor of chemistry and toxicology, vice Dr. J. W. Mallet, resigned. Dr. Holland graduated from Jefferson College in 1868, and for the past twelve years has been in the faculty of the Louisville (Ky.) University.

The first legalized cremation in England took place March 25th, at the crematory erected by the Crematory Society of England, the subject being an aged lady, a member of the Society. The result was perfectly successful, the body being reduced to perfectly white ashes in one hour.

An interesting debate on cholera took place at the Royal Medical and Chirurgical Society, London, March 24th. The chief speakers being Mr. Watson Cheyne, who defended Koch's views, and Dr. E. Klein, who opposed them.

Mr. and Mrs. Astor, of New York city, have presented to the New York Academy of Medicine a portrait of Dr. Fordyce Barker, an ex-president of the Academy. Dr. Barker served three terms as president and rendered eminent services as a presiding officer.

Prof. Nothnagel asserts that quinine is the best of the antipyretics in general use. He prefers to give it in the form of the bisulphate and in solution.

The drinking water of Rome amounts to 1000 litres to each inhabitant; a larger supply than any other European city.

Prof. Loretto has performed the operation of digital divulsion of the stomach for the seventh time with excellent results.

Dr. Francis M. Lloyd died of paralysis at his residence in Trappe, Talbot conty, on April 27th, in the 54th year of his age.

Six thousand three hundred and twenty-six physicians' clinical thermometers were examined at the Yale observatory during the year 1883–84.

The New York Dermatologists are divided on the question whether persons suffering from psoriasis should marry. Most are agreed, however, that if the disease is severe and continuous, it should be a bar to matrimony.—*Med. Record.*

Both branches of the Baltimore City Council have passed an ordinance to sell the Calvert Street Spring lot to the College of Physicians and Surgeons at a price not less than $20,000, the college to build and maintain a morgue, the expense to be deducted from the purchase money. This lot adjoins the college building on the north side, and is an exceedingly desirable piece of property.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from April 21, 1885, to Apri 27, 1885.

Lt. Col. Jos. R. Smith, Surgeon; Major John S. Billings, Surgeon; Major Henry McElderry, Surgeon. Detailed to represent Medical Department of the Army at annual meeting of American Medical Association, to be held at New Orleans, La., April 28, 1885.

Capt. L. W. Crampton, Assistant Surgeon. Assigned to duty as Post Surgeon, East Bridger, Wyoming Ter.

1st Lt. Wm. C. Borden. Assistant Surgeon. Ordered for duty at Fort Douglas, Utah, Ter.

Robertson, R. L., 1st Lt. and Assistant Surgeon. Granted leave of absence for one month.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDING APRIL 25, 1885.

Sawtelle, H. W., Surgeon. When relieved to proceed to Detroit, Mich., and assume charge of the Service. April 23, 1885.

Urquhart, F. M., Passed Assistant Surgeon. To assume charge of Cape Charles Quarantine Station April 23, 1885.

Williams, L. L., Assistant Surgeon. When relieved to proceed to Norfolk, Va., for temporary duty. April 23, 1885.

Original Articles.

NOTES ON A CASE OF PROLAPSED OVARY TREATED BY PESSARY, WITH REMARKS ON PESSARIES.

BY WM. P. CHUNN, M. D.,

Assistant to the Chair of Gynecology University of Maryland, Assistant Surgeon to Woman's Hospital.

Most women suffering from a prolapsed ovary sooner or later reach a gynecologist before much relief is experienced. This result happens on account of two reasons: 1st. That the diagnosis has not been made, and secondly, appropriate treatment has not been instituted. In many cases the diagnosis and treatment is alike difficult as every one knows who has seen much gynecological practice. So far, I have succeeded in curing but one patient afflicted with this troublesome complaint, and it is on this case that my notes are taken. My treatment here was so fortunate that I am happy to say that I have no pathological specimen to present to night. By means of questions and examination, the following history was elicited. The woman was twenty-five years of age, married and the mother of one child, which was five years of age in September last, when patient applied for advice. Had been pregnant but the once. She stated that she been suffering pretty much ever since her confinement with pains in pelvis, accompanied by profuse white discharge. Every monthly period confined the patient to bed with excessive pain in left side. Dyspareunia was a most distressing symptom. This combination of evils had finally reduced the woman to such a condition that she was a burden to herself and every one connected with her. Most of her time was spent in bed.

She finally sought medical advice, and was informed that she had a retroverted uterus, and for this trouble a pessary was introduced. This so far increased her trouble that she was still less able to get about than before, and the pain in her side becoming very severe, this last state of the woman was worse than the first. At this stage she fell into my hands, and consented to an examination. The pessary was found in position and the uterus well supported in the pelvis. In spite of this fact, however, she assured me the support was of no use, and that she could not possibly wear it any longer by reason of the severe pain it gave her. It was consequently withdrawn. Just here some one may take occasion to say that pessaries are of no use, that they do no good, and that they ought not to be used, and then possibly refer to such a case as I have just related to prove the truth of the assertion. In regard to this particular case, I am free to confess that *the* pessary was of no use, that it did no good, and that it ought not to have been used. In continuing the examination I found the cervix was lacerated, that the fundus was retroverted, and that the left ovary was prolapsed, enlarged, and exquisitely tender to the touch. Here then was the cause of the difficulty. The support had evidently pressed directly upon the ovary and so became the cause of the severe pain. The question then arises: Was it just to put all the blame upon the pessary? I think not, no more so than it would be just to blame an ill-fitting pair of shoes made by a careless and inexperienced shoemaker. The retroversion had been diagnosticated and treated, but the laceration and prolapsed ovary had remained unrecognized. It was found that when the cervix was pushed back in place towards the hollow of the sacrum there still existed a space between it (the cervix) and the ovary, and it seemed to me that a shorter pessary with a more abrupt posterior curve would fit in this sulcus without exerting undue pressure upon the ovary. Such a support was introduced, and the patient departed with many misgivings. On the fourth day she returned and said she felt better, as the irritation about the neck of the bladder had disappeared, and that the pain in the small of the back, with the vaginal discharge had diminished. The pain in the left side, however, was still present, and upon examination the ovary was found, as previously, prolapsed. She was sent home with the support in position feeling much better in every way, with the single exception of the pain in

the left side. I heard no more from her for two or three months. In the mean time, it seems, while living on the Eastern Shore of this State, she heard of a lady who had been cured of ovarian trouble by Battey's operation, and she finally became convinced that as she was fast becoming an invalid, nothing but a similar operation would be of service in her case. A short time subsequently she came to this city for the purpose of having the offending member removed. This I refused to do, but advised her to have a granular cervix treated and the acrid discharge arising from it cured, hoping that as now the uterus was in place she might become pregnant, my idea being that as the uterus rose in the pelvis it would raise the ovary with it and so reduce the severe pain. This treatment was carried out and the discharge disappeared after a few applications of iodine. The patient returned home, and shortly after wrote me saying that she had become pregnant, and was about three months gone; that she felt entirely relieved of her old pain in the left side (and that if she went to term the child should certainly be named after myself). Unfortunately, however, she miscarried between the third and fourth months in consequence of a great fright received by reason of an accident to her little boy. Her physician removed the pessary I put in, but had to reintroduce it as the woman insisted she could not go about without it. Shortly after she came to the city once more, saying she felt perfectly well, and had only come to town to thank me for having given her a pessary that supported her womb so well. I examined her and found the uterus in perfect position, but upon most careful manipulation I could detect no evidence of a prolapsed ovary. The pregnancy had in fact replaced it, and thus nature aided by art succeeded in effecting a cure where success is more often hoped for than expected. I flatter myself that success in this case resulted from scientific treatment and not from chance, and I feel sure that the much abused vaginal pessary constituted the chief factor in the treatment of the case. It was the support that lifted up the uterus, diminished the congestion and stopped the discharge.

The laceration of the cervix, I think, was the starting point in the pathology of the case, and by it subinvolution and congestion resulting, the uterus first sank in the pelvis, then became retroverted, and eventually dragged the ovary back with it. The action of a Smith-Hodge pessary in these cases of retroversion seems so simple and so beneficial (in appropriate cases) that it is hard to conceive why so many medical men condemn without reservation anything bearing the name of pessary.

In a recent number of the Journal of the American Medical Association, under the heading of Conservative Gynecology, in which some very excellent advice is given, we also find the following allusions to pessaries and their uses:

The writer says that "when an inventive medical man threw upon the market a lot of most irrational devices, called pessaries, which are correct in no singular particular, he placed a dangerous weapon at ready-hand, and one which has brought untold misery into the world."

Again the author says, "In a purely mechanical and anatomical sense, it may be said that a pessary in the bladder or rectum would do about as much good and would be a conception quite as logical;" and further adds, "I never use them."

This is strong language, and one would naturally look for powerful reasons to support such words. Fortunately assertion is no proof. Numerous objections are then mentioned, and among them we find the following, viz.: That when a pessary is used in a case of retroversion the proper lumen of the vaginal tube is put upon the stretch, so that whatever supporting powers it may have possessed are lost. This statement is manifestly untrue, for since a retroverted uterus must necessarily be prolapsed, it naturally follows that when a pessary is introduced, lifting the uterus to its normal position, the vaginal walls follow suit; and as to length, are also in their normal position. If they then be in their normal position, how are they put upon the stretch? And again, if the lumen of

the tube is put upon the stretch so that its supporting powers are lost, how is it that the same pessary, with nothing but the same vaginal walls to support it, will remain in position year in and year out as long as desired. Another objection asserts that the walls are chafed and that they overlap the arms of the instrument.

I examined this evening a mother and daughter who had been fitted with pessaries a little over a year ago, which in the interim had not been touched, and I found no chafing of the vaginal walls! If the walls are not chafed it matters little whether they overlap the instrument or not. Still further on we find the same defenseless instrument accused of "narrowing the rectal cavity, so that the lower bowel is emptied with difficulty; that the bladder becomes irritated, and that we have vesical tenesmus, and the body of the uterus pressing upon the posterior curve of the pressary the whole weight of the uterus is thrown upon that curve.

Let us now examine these charges one at a time, and see whether they have foundation to stand upon.

Not long since in this city I knew of two cases where women experienced great difficulty in defecation. One was diagnosticated to have stricture of the rectum, (and that too by a gynecolgoist), and the other had given up all treatment in despair. Both of these women had prolapsed, retroverted uteri nearly occluding the whole cavity of the rectum. Both women had the uterus replaced, and both had Smith-Hodge pressaries introduced. Both women returned and declared they were entirely cured and had remained so since the time of treatment. The cure in each case resulted by the uterus being lifted up and held in place by the pressary. Cases of this kind seem to me to admit of no discussion, for there is one proof which will carry conviction with it, and that is the introduction of the finger into the rectum

The most simple-minded, then, will be able to decide which impinges most upon the bowel; the enlarged retroverted fundus, or the pessary that holds it in place. The verdict is bound to be in favor of the pessary. In regard to the assertion that vesical irritation is caused, we have vouchsafed to us nothing but bare assertion. I do not see how a well-fitting pessary will cause irritation of the bladder any more than a set of false teeth will cause inflammation in the roof of the mouth. We can very readily explain upon scientific grounds how a pessary will allay irritation of the bladder. Take, for instance, a case of cystocele depending upon prolapse of the uterus. Lift up that uterus, put a cross-bar in the front of the instrument, so as to support the base of the bladder and the vesical irritation disappears at once. The broad statement that the whole weight of a replaced uterus rests directly upon the pessary is untrue, and also shows a want of appreciation of the manner in which the instrument is designed to act. In a simple case of retroversion after the dislocation is reduced and a suitable pessary is put in position, the pessary in many cases does not touch the uterus at all, but merely acts by pushing upward and backward the roof of the posterior cul-de-sac,which in turn lifts up the uterus and holds it suspended, as it were, in a sling. Thus by holding the cervix back in the hollow of the sacrum the fundus is at times anteverted. In the same article, strange to say, we find mentioned many of the qualifications of pessaries which can be proved to be facts beyond all doubt, but which facts are objected to by the writer of the aforesaid paper upon the following grounds, viz.: That pessaries ought not to be used because "all vaginæ are not of the same length or calibre," "all uteri are not equally tolerant of support," and that all uteri when once restored do not remain so. In regard to the first objection it will be sufficient to state that neither are all pessaries of the same length or calibre, success being attended only by him who understands how to adapt an instrument to suit the peculiarities of each individual case.

If all uteri are not equally tolerant of support I do not see why that fact should keep us from supporting those uteri which are tolerant of support. Although some uteri may not remain in position

after being replaced a great many others do, and to ask me to believe that they do not, would be simply to ask me to disbelieve the evidence my own senses. No one who has had experience in these matters will say that pessaries do not do harm, for such is not the case, but where harm has resulted I say that if the operator questions himself closely he will find that in a majority of cases the fault is his own, and that the instrument that has done damage in one case will be the very one that will prove of the greatest benefit in another. I can readily understand how an enlarged subinvoluted uterus may be made to go down by general treatment by the use of ergot or hot water injections, or how a leucorrhœal discharge may cease by a visit to the sea-side, or how for a time a uterus may be replaced by postural treatment, or held in place for a short time by tampons; but how a retroverted, congested fundus is to be finally treated without resort to pessary I confess I am unable to understand. If the woman could afford to stand upon her head instead of her feet, pessaries would soon go out of fashion, if a woman would come every day to a gynecologist to have a tampon introduced during the time of her natural sojourn here below, the postural treatment and the use of the tampon would take the place of a pessary, and the advocate of these methods as final ones, would soon find himself doing a lucrative practice, his income bearing an inverse ratio to that of his patients.

The only radical method of relieving a past displacement that I am acquainted with consists in shortening the round ligaments, an operation which has been very little done in this country.

In the journal I have alluded to, another remark attracts attention; in speaking of a displacement the writer says, without making any exceptions whatever, that the congestion depends upon the dislocation; that the dislocation depends upon relaxation of the ligaments, and then asks triumphantly upon what does the weakened condition of the ligaments depend? This is simply putting the cart before the horse as I imagine everyone will admit who will take time to consider the subject. I would like to ask how many are there present who have seen congestion and prolapse arising solely from relaxation of the ligaments as a primary cause? Such cases may possibly occur, but they are excessively rare. And yet we find the whole history of congestion and resulting displacement explained by this theory.

It seems strange that we should go so far out of our way for a theory when there are others at hand so much more reasonable. So far as I know, a prolapsus uteri can occur only from one of three caurses, viz., 1. Weight applied to the uteri from below, as where a prolapsed vaginal wall pulls the uterus down. 2. Weight in the uterus itself as where a fibroid sinks the uterus in the pelvis. 3. Weight or pressure from above, as in cases of prolapse from acites or the weight of a tumor upon the fundus. Of course each one of these differerent applications of weight may be effected by many different causes.

Unless some of the above mentioned species of weight be applied, I am not aware that the uterus is in the habit of prolapsing.

So far as I know, the ligaments in other parts of the body do not relax sufficiently to allow a dislocation to occur unless violence or pressure of some kind is brought to bear. It seems to me, then, .this theory of relaxation of the uterine ligaments as a primary cause of prolapsus is untrue, and so it follows that where the correct pathology of the displacement is not understood the appropriate treatment of the case remains unappreciated. One other objection is prominently brought forward to the use of pessaries and that is the statement that "from the very anatomy of the parts no mechanical instrument can *ever* be devised which shall accomplish more than the finger can do, or which can accomplish as much as the finger can do with as little danger of bad results." Upon analyzing this paragraph we see that it is composed of two separate dogmatic statements, the first of which is certainly incorrect. For the sake of illustration we may take such a case as I

treated the other day, where the patient being a virgin, the vagina was small, the posterior cul-de-sac was undeveloped and the uterus retroverted. The knee-chest position being assumed, the uterus could not be returned, as my index-finger was not long enough to push up the posterior cul-de-sac, and it caused great pain by reason of the pressure. The patient being replaced upon the back a small Smith-Hodge pessary was introduced which by pressure being made in front, immediately pushed the cervix into the hollow of the sacrum, the fundus jumping into its normal position. In this class of cases Emmet's uterine redressor will accomplish much more than the longest finger. And so at times we see it to be the case with a pessary. In conclusion, I have but one more exception to take to the article already so largely quoted. "Most frequently," we find it written, "does it happen that the nervous derangement and physical drain have produced the uterine displacement." And in the same connection: "If the physician addresses himself first to the uterus he will simply make matters worse."

In answer to these statements, it may be said that no such cause as "nervous derangement and physical drain" is advanced as a means of dislocation in any text-book that I have had access to, either in gynecology or surgery. I don't think an elbow was ever dislocated by nervous derangement and physical drain. If it was I never heard of it. Following out the analogy we might then say that the surgeon by treating the local trouble would simply be making matters worse. I think most of us would dissent from this view. Not unfrequently we hear a physician say, "I do not approve of pessaries and do not use them," and when asked his reason, will say, perhaps, answering vaguely, "Well, they do no good and they cause pain." Such indefinite objections are hardly worthy of an answer, but where we find specific and particular objections set forth in detail and fairly and squarely stated, and that too by one who calls himself a gynecologist, it does seem to me that, if possible, it is high time to clear up the causes of these disagreements between members of the same specialty. If fellow-practitioners think so differently what will our patients think of us? Among the many objections set forth, I have endeavored to answer a few of the most prominent ones, my opinions being substantiated by illustrations from daily practice. Whatever objections may be brought forward to the use of the pessaries I am certain that many distressing cases of displacement of the uterus, unless treated by a support of some kind, had much better remain untreated altogether. I have never yet seen a man who knew how to introduce a pessary properly who was not reasonably well-satisfied with the amount of good accomplished. The physician who bends his own pessaries to suit each case has an infinite advantage over a practitioner who is in the habit of getting his instruments ready made and introducing them without any change.

In this paper I have confined my remarks to the Smith-Hodge variety of pessaries as the subject was too large to handle as a whole. This variety of instrument, as sold in the shops, is in a large proportion of cases entirely useless and certainly does harm. The posterior curve is much too decided and at times slips up in front of the uterus. This can, however, be easily remedied by holding the instrument over a flame until it becomes softened, when the correct form is readily given.

In conclusion, and also by way of making my opinion plain on this subject, I do not think that I can do better than to quote the words of Dr. Emmet, who says: "From some members of the profession the opposition to the use of pessaries is as denunciatory as if they were condemning a species of malpractice. Their opposition may be sincere, but it is conclusive proof of their ignorance."

286 Madisou Avenue.

The physicians of Lynchburg, Va., have organized a medical association with the following officers: Dr. W. H. Dulaney, President; Dr. D. A. Langhorne, Vice-President, and Dr. C. E. Busey, Secretary.

Society Reports

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD APRIL 17, 1885.

(*Specially Reported for the Maryland Medical Journal.*)

The Society was called to order by the President, Dr. B. B. Browne, at 8.40 P. M., Dr. Jos. T. Smith, Secretary.

Dr B. B. Browne exhibited specimen of

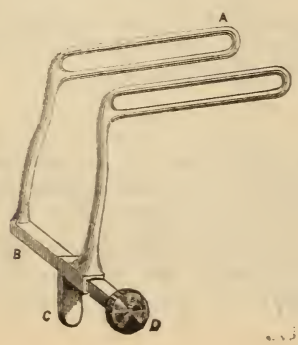
COCCYX REMOVED FOR COCCYODYNIA.

The patient, a young lady, aged 25, had suffered for a long time with pain in the pelvic region and in the lower end of the spine; the pains had commenced when she was 12 years of age and had gradually increased in severity up to the time of the operation, which was done on March 30th. From the time the pains commenced she could not sit down upon a chair, but always had to sit on the edge with the right buttock relieved from pressure.

On examining the lower portion of the spine the coccyx was found to be dislocated to the right side and very tender to pressure. Upon cutting down upon it the bone was found to be completely anchylosed, and a portion of it was entirely deprived of periosteum. Since the operation the patient has been free from, pain is increasing in strength and is doing without anodynes, of which she had acquired the habit of taking in large quantities with only partial relief.

Dr. B. B. Browne also exhibited a

NEW SELF-RETAINING URETHRAL (FEMALE) SPECULUM.



This speculum is constructed upon the the same principle as the eye speculum of Prof. Russell Murdoch.

It consists of two parallel fenestrated blades, one of which, A, is connected by its proximal end to a shaft, which is attached to the rectangular bar, B; the other blade is connected with the rectangular bar by means of the slide, C.

When introduced pressure upon the thumb-piece, D, and the slide, C, will expand the speculum, as far as the urethra, will admit and the pressure of the urethra upon the extremities of the blades will hold the slide stationery at any desired point of dilatation.

Slight pressure on the slide, C, will release the blades from their fixed position.

The simplicity in the mechanism of this speculum, and the facility with which the urethra is examined with it are the reasons for offering it as an additional aid in the diagnosis and treatment of urethral diseases.

The instrument is made by Willms & Co., of Baltimore.

Dr. W. H. Norris exhibited a trivalve speculum, which he said he had found of great value in examining urethra, ear, nose, etc.

Dr. H. H. Biedler exhibited specimen of a tumor removed from the inner side of the arm of a lady 24 years old. It had not been examined with the microscope, but he thought it a fibro-cystic tumor. It had grown for two years and was accompanied by shooting pains in the shoulder.

Dr. S. Theobald exhibited a picture showing the peculiar perforation of the tympanum; the openings were three in number, one above, one below and one in the isthmus joining the two. The patient had had nasal catarrh, and using a douche with cold water had set up an inflammation of middle ear. He also spoke of a case of cataract, in which cocaine was used, which had thus far resulted badly; the operation was done one week ago: the eye was inferred to be myopic; the lens was soft; a four per cent. solution of the cocaine was used; the anæsthesia was good and operation well accomplished; the patient complained of pain the first night; the eye-

ball subsequently swelled; wound did not close; a panophthalmitis had been set up and the result is still in doubt.

Dr. J. G. Wiltshire thought in some cases the eye trouble might be due to the cocaine used, owing to the contraction of the vessels occasioned by the drug

Dr. S. Theobald said Dr. Keyser's view was that the cocaine caused an anæmia to be followed afterwards by hyperæmia. The speaker noted a case in which he had obtained good results in a case of rheumatic inflammation of the eye from the use of cocaine, but a hyperæmia always seemed to follow the application of the drug. Cocaine had been used freely by Dr. Meiner, and he had even injected it into the anterior chamber, but always with good results.

Dr. E. Meierhof said small parasites soon form in the solution of cocaine, and possibly the intense blanching of the parts may cause the tissues to be badly influenced by these growths. In the New York hospital the eye is thoroughly cleansed and well-washed with boracic acid solution. In making the corneal section a two per cent. solution will answer every purpose, and will not cause so great a blanching of the parts.

Dr. Theobald said, in reply to a question from Dr. W. H. Norris, in the treatment of the so-called oyster shuckers' corneitis, he used solutions of atropia and boracic acid, with belladonna lotions, kept the lids closed; and, if suppuration set in, give quinine; some cases yield but imperfectly to treatment of any kind.

Dr. Theobald also said it was singular how the oyster-shell produced so much trouble as he had never found a fragment in the eye, it strikes the eye and falls out.

MALARIA AS RELATED TO BRIGHT'S DISEASE.

Dr. I. E. Atkinson said he had had two cases in connection with malaria which went to prove the poison to be the cause of a certain form of Bright's disease. The first was in a young man, the subject of malarial poisoning; he came to Baltimore to be treated for tape worm, but this was found to be only a secondary trouble. The pleural sacs were found filled with fluid, he had had chills, had dropsy, which was only temporarily diminished by pilocarpin; the urine contained albumen. The patient died, and the autopsy revealed an enlarged spleen, liver and kidneys, the latter had not, however, undergone any fatty degeneration. The renal trouble had appeared after the malaria.

The second case was that of a laborer, who had an enlarged spleen and liver, abdomen distended, and an erysipelatous inflammation of lower portion of leg; he had also œdema of lower extremities; no albumen was found in his urine. He was put upon treatment for his chills. He was subsequently seized with convulsions; the urine was drawn and albumen found; the urine was examined several times for albumen but it was not always found. He thougnt this a case of interstitial nephritis caused by the malarial poison. The patient is improving so the diagnosis cannot be verified.

In reply to Dr. N. G. Keirle, Dr. Atkinson said the first case was one of large white kidney, the urine was not examined for casts, so cannot say whether they were present or not; in the second case no tube-casts were found. In reply to Dr. Braham, he said if the causes which produce Bright's disease are equally prevalent, they would be caused more frequently in a malarious district than one not malarious; he thought statistics would show the renal changes more frequent than is generally thought. In Russia 400 autopsies were made upon troops who died suffering more or less from malarial troubles, and among them frequent unsuspected kidney disease was found. In malarial countries the renal changes prevail with varying intensities; in Holland, for instance, some years will show a much larger proportion of kidney troubles than others.

Dr. W. H. Norris thought the kidney troubles might be a mere coincidence.

Dr. I. E. Atkinson thought the coincidence rather too frequent. Transitory albuminuria is not uncommon.

Dr. N. G. Keirle said the kidneys may be irritated by many poisons taken into the system; thus in those who use morphia habitually the urine will usually be

found albuminous. When the trouble is in the connective tissue of the kidney, but few tube casts will be found in the urine, little albumen, and the patient may be very slightly dropsical. In using nitric acid it is not well to throw the specimen of urine out at once if no cloudiness appears, as a deposit may be produced if allowed to stand.

The speaker quoted Bartels as saying, if he knew not another cause he did know that malaria will give rise to kidney trouble.

Dr. W. H. Norris related the following: A seaman had come to him suffering from a cough; he was anæmic and had been under treatment for lung trouble. Upon examination he found liver tender, spleen enlarged; he thought the cough a sympathetic one, and put the patient upon quinine, with a resulting cure of the cough. The kind of cough he thought, was many times overlooked.

Sweating to Death.—Dr. Myrtle reports, in the *British Medical Journal*, November 1, 1884, the following remarkable case: The patient, a healthy, active man, after suffering for three weeks from pain of rheumatic character, relieved by sodium salicylate, was seized with profuse sweats, frequently of most offensive character, and lasting for ten hours. Atropine and ergotine both caused sudden symptoms of collapse. He improved for a time upon arsenic, and the perspiration lost its fetor. He died from exhaustion one hundred and twenty-one days after he head first felt the flying pains. No necropsy could be obtained. Dr. Myrtle regarded the case as one of paresis of nerves supplytng the sweats ducts, caused by frequent exposure to cold during his employment. Dr. Braithwaite, Dr. Hutchinson, and Mr. Wheelhouse related cases of excessive sweating, which in one instance was relieved by the external application of belladonna liniment, and in another by taking copper sulphate. Dr. Jacob thought the intermittency of the attacks precluded a peripheral paresis, and pointed rather to the sweat-centers being affected.—*Louisville Med. Jour.*

MARYLAND MEDICAL JOURNAL

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BALTIMORE, MAY 9, 1885.

Editorial.

Lactic Acid as a Means of Destroying Pathological Tissues.—In the *Centralblatt für Chirurgie*, of March 21, 1885, appears a very important communication from Prof. Mosetig-Moorhof, of Vienna, with the above caption; a short abstract of which we here present. Prof. Mosetig has used lactic acid locally in *caries fungosa* a great number of times, and found it to act in a remarkably efficacious manner in destroying the granulations, whilst it exerted no detrimental influence upon the bone itself. Concentrated lactic actic applied to fungous granulations transforms them into a blackish liquid. Reasoning from this fact, he was induced to apply the acid to *lupus vulgaris rodent ulcer*, *superficial epithelioma*, and also to a case of *extensive papilloma of the foot*, and the result was all that could have been desired. When the concentrated lactic acid is applied to these neoplasms, the tissues in a few hours are found to be dissolved, and the cells, stroma and vessels are all destroyed. By repeating the application a complete solution of the pathological structures is effected, and cicatrization is secured without trouble. The healthy skin is superficially affected, with a slight softening of the epidermis, whilst the cutis resists the action of the agent. Even when the diseased areas are irregular in shape, does the acid search out the pathological tissues, leaving strips of healthy skin.

In some cases of recurrent lupus, where isolated groups of disease appeared in the cicatrix, the application of the preparation caused a solution of the lupus

tubercles, so that the empty spaces could be seen, but did not injure the rest of the cicatrix, and healing was soon effected.

The manner of applying the acid is as follows: The surrounding skin should be protected by adhesive plaster, or unguents, in order to limit the action of the acid to the diseased part. The liquid concentrated lactic acid may be applied by saturating cotton, wool or pieces of linen cut to fit the diseased area, and laying them directly upon the part; all loose epidermis and grease having been removed previously. A piece of impervious rubber paper is laid over this, and then a wad of cotton, and the whole retained with a bandage. Or a paste may be made of equal quantities of lactic and silicic acids, and a thin layer spread upon the rubber tissue and applied directly. This is allowed to remain in position 24 hours, when the dressing is removed and the wound cleansed with water. The acid is not immediately re-applied, but after an interval of 24 to 48 hours. The applications are repeated in this manner until all the disease has been removed. The treatment is not painless, but the pain is endurable and only continues a few hours, and can be well borne by children. The resulting cicatrix is always smooth and sate. A cure is usually obtained in three weeks. This experience of Mosetig's appears to be of sufficient importance for an extensive trial of his recommendation to be made. Especially in *lupus* and *epithelioma* will it be a welcome addition to our therapeutical resources, if further trial confirms the truth of Mosetig's views; and it is to be hoped that many cases which are now submitted to excision, scraping, or destruction by means of the stronger caustics, may be cured by this milder method.

Female Physicians in India.—Whatever difference of opinion there may be as to the expediency of women in general adopting the profession of medicine, by universal consent this does not apply to the Mohammedan countries of the East. Such are the customs and prejudices of these people —sanctioned by a most exacting religion and by ages of observance—that the women are compelled to live a life of complete seclusion. Even in cases of extreme illness they are not allowed to avail themselves of the aid of male physicians. Consequently they have no other resort but the ignorant midwives whose meddlesome interference or ignorant neglect are often more injurious than would be the abandonment of the case to the unaided efforts of nature alone. Exceptionally the sense of danger overcomes these scruples and a male physician is brought into the room and allowed to feel the pulse of the unseen patient between whom and himself a thick curtain intervenes, but the husband or father acts as the medium in this consultation. Especially in the treatment of the diseases peculiar to the sex is the prohibition marked.

About two years ago an association was organized in Bombay with the view of supplying educated women physicians to the women of India. The scheme, which was largely due to the influence of an American resident, met with great favor among the natives of the various religions prevailing there, and a fund was quickly raised with which a dispensary was opened, and two lady physicians were employed to conduct it. The dispensary was opened last July under the direction of Dr. Edith Pechy, who, it will be remembered, was the first licensed female medical practitioner in Great Britian. On the 9th day there were 300 women in attendance, and the average per day since that has been 100. It is now stated there is work enough for 20 lady physicians. A temporary hospital is about being opened, and a permanent hospital is being erected with funds which have been donated for that purpose.

But not alone is reliance to be placed upon foreign sources for the supply. The natives are also to be educated, and already the Grand Medical College and the University of Bombay have opened their doors to women, 12 of whom attended the last session of the former institution.

An immense field is there opened to

the activity of women—but a field which will take years and years to fill. The benefits which will accrue from its cultivation, both to health and civilization, promise to be proportionately great.

A Section on Forensic Medicine.—With the rapid growth of scientific medicine in its numerous departments, numberless questions arise which bring the profession into relation with medical jurisprudence, and make it highly necessary and important that every practitioner should have some knowledge of forensic medicine. A number of medical schools have recognized the importance of giving courses of instruction on medico-legal subjects by establishing chairs or lecture-courses on medical jurisprudence, thus showing that the medical student should graduate with some preparation for the part he may subsequently be called upon to perform as a medical witness, as a medical expert, or as a medical defendant before the tribunals of the law. The relations which physicians sustain to courts of law are as varied as they are responsible, and the failure upon the part of medical witnesses to appreciate these relations has been made an occasion for the performance of blunders, oftentimes of a most stupid and embarrassing nature. To uphold justice and sustain the arm of the law is the duty every citizen owes to society. The importance of this duty is peculiarly binding upon the physician, whose knowledge of important facts and whose scientific wisdom may be indispensable in the upholding of justice and in the enlightenment of the judgment of the administrators of the law.

Forensic medicine is a department of science which claims enlightened consideration and development. Its claims become of the highest importance as the science of law and the science of medicine, continue to extend their administrations to society.

The purport of these remarks has been suggested by the timely and judicious discussion of the subject by Dr. Henry F. Campbell, in his annual address before the American Medical Association. Dr. Campbell has pointed out the importance of recognizing the claims of forensic medicine by the organization of a section for the reception and discussion of papers and reports on all subjects appertaining to the relations of the medical man to the tribunals of the law. In concluding his argument in support of his suggestions, he uses the following language:

"In time, may we not be able to prophesy of legal medicine in the words of the now almost mythic Seneca: the day will come when those things which are now hidden shall be brought to light by true and persevering diligence—when our posterity will wonder that we should have been so ignorant of that which is so obvious."

Dr. Tiffany's Case of Nephrolithotomy.—In another column will be found an account of the successful case of nephrolithotomy recently reported before the American Surgical Association. Dr. Tiffany is to be congratulated upon the successful termination of his case, the more particularly because of his having removed from an otherwise healthy kidney the largest calculus that has yet been recorded, the concretion excised by Mr. Bennett May, and weighing nearly one ounce, being the only one approaching it.

Of the twenty-one cases of this operation, collated by Dr. Gross, of Philadelphia, only two died; making a percentage of deaths of 9.52; and neither of these fatal cases died from the immediate effects of the operation. Cullingsworth's case terminated fatally from the occlusion of the opposite ureter by a stone, while the case of Mr. Pepper died from the effects of morphia.

It is to be borne in mind as shown by the discussion which followed the reading of the paper, that the operation of nephrolithotomy applies only to the removal of a renal calculus from a kidney not distended with pus or urine. With regard to the location of the incision, Dr. Tiffany's opinion that it was preferable to incise that portion of the kidney most convenient to the operator, was seconded by Dr. Gross, who stated that of the twenty-one cases collated by him, in eighteen the parenchyma of the kidney

had been incised, while in the three remaining cases, those of Batlin, Anderson and Cullingsworth, the pelvis was opened.

The only additional danger that may arise from the latter procedure is that of renal fistula, while the hemorrhage which sometimes becomes abundant in the former method is easily checked by the pressure of a sponge in the wound.

With this record, Dr. Tiffany's statement that the operation is a comparatively safe one is certainly justifiable; and his prediction that it will finally take its place among the most successful operations of major surgery, appears by no means visionary.

Reviews, Books and Pamphlets.

Micro-Chemistry of Poisons, Including Their Physiological, Pathological, and Legal Relations; with an Appendix on the Detection and Microscopic Discrimination of the Blood. Adapted to the Use of the Medical Jurist, Physician and General Chemist. By Theodore G. Wormley, M. D., Ph. D., LL. D., Professor of Chemistry and Toxicology in the Medical Department of the University of Pennsylvania. With Ninety-six Illustrations upon Steel. Second Edition. Philadelphia: J. B. Lippincott & Co. 1885. Pp. 741. Price $7.50.

A Text-Book of Practical Medicine. Designed for the Use of Students and Practitioners of Medicine. By Alfred L. Loomis, M. D., LL. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York, Visiting Physician to Bellevue Hospital, etc. With Two Hundred and Eleven Illustrations. New York: William Wood & Co. 1884. Pp. xv–1,102.

Lectures on Diseases of the Nervous System, Especially in Women. By S. Weir Mitchell, M. D., Member of the National Academy of Sciences, etc. Second Edition. Revised and Enlarged, with Five Plates. Philadelphia: Lea Brothers & Co. 1885. Pp. 287. Price, $1.75.

The Year-Book of Treatment for 1884. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia: Lea Brothers & Co. 1885. Pp. 316.

Myths in Medicine and Old-Time Doctors. By Alfred C. Garratt, M. D., Fellow of Massachusetts Medical Society, etc. New York and London: G. P. Putnam's Sons. 1884. Pp. 242.

A Treatise on Amputations of the Extremities and Their Complications By B. A. Watson, A. M., M. D., Surgeon to the Jersey City Hospital, etc. etc. Illustrated by Upwards of Two Hundred and Fifty Engravings and Two Full Page Plates. Philadelphia: P. Blakiston, Son & Co. 1885. Pp. 750. Price, $5.50.

Report of the Health Officer of the District of Columbia for the Year Ending June 30, 1884. Washington: Government Printing Office. 1885.

A Treatise on Physiology and Hygiene for Educational Institutions and General Readers. Fully Illustrated. By Joseph C. Hutchison, M.D., LL.D., Ex-President of the N. Y. Pathological Society, etc., etc. New York: Clark & Maynard, Publishers. 1884. Pp. 314.

Neuralgia and the Diseases that Resemble It. By Francis E. Austie, M. D., London, Fellow of the Royal College of Physicians, etc. New York and London: G. P. Putnam's Sons. 1885. Pp. 233. Price, $1.25. For Sale by Cushing & Bailey, Baltimore, Md.

How to Drain a House. Practical Information to Householders By Geo. E. Waring, Jr., M. D., Inst. C. E., Consulting Engineer for Sanitary Drainage, Newport, R. I. New York: Henry Holt & Co. 1885. Pp. 222. Price, $1.25.

A Guide to the Diseases of Children. By James Frederick Goodhart, M.D., F. R. C. P., Assistant Physician to Guy's

Hospital, etc. Revised and Edited by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. *With Formulæ.* Philadelphia: P. Blakiston, Son & Co. 1885. Pp. 716.

Modern Therapeutics of the Diseases of Children, with Observations on the Hygiene of Infancy. By Joseph F. Edwards, M. D., Editor of the "Annals of Hygiene," Associate Editor of the *Medical and Surgical Reporter*, etc. Philadelphia: D. G. Brinton, 115 S. Seventh St. 1885. Pp. 334.

The London Medical Student and Other Comicalities. Selected and Compiled by Hugo Erichsen, M. D. Published by Dr. H. Erichsen, 11 Farmer St., Detroit, Mich. 1885. Pp. 207. Price, $2.00.

A Treatise on Abdominal Palpation, as Applied to Obstetrics, and Version by External Manipulation. By A. Pinard, Associate Professor in the Faculty of Medicine of Paris, etc. Paris: 1878. Translated by L. E. Neale, M. D., Chief of the Obstetrical Clinic and Demonstrator of Obstetrics in University of Maryland. New York: J. H. Vail & Co. 1885. Pp. 101.

Fistulous Communications between the Intestines and the Female Genital Tract.—Since the application of plastic surgery to gynecological operations, the treatment of vesico-vaginal and recto-vaginal fistulæ is as well understood as are the etiology and symptomatology. The result, though, when contrasted with the old tedious, plan of cauterization, is brilliant no less to the operator than to the unfortunate woman whose life is rendered miserable by such conditions.

Dr. H. D. Fry, of Washington, in *The American Journal of the Medical Sciences* for April, directs attention to less frequent forms of fistulæ that communicate with the genital canal, and records a very obscure and interesting case of intestino-vaginal fistula, which terminated favorably without surgical interference.

Miscellany.

Excision of the Uterus.—Dr. J. Wallace, of Edinburgh, reports in tne *Brit. Med. Journal* four cases of complete excision of the uterus for malignant disease. Cases I, II and III were done by the vaginal method, case IV by vaginal and abdominal section. Cases I and II recovered.

Case I was epithelioma of the cervix in a married woman, 33 years of age. The cervix was converted into a mass of friable tissue breaking down under the finger. The diseased mass was dragged down with vulsellum forceps and the connection between vagina and cervix severed through healthy mucous membrane. The diseased portion was removed with the knife to gain room. Bleeding was controlled with compression forceps. Douglas sac was opened. The connection between the bladder and uterus was then separated by the finger as far as the peritoneum. The fingers of the left hand were passed into the peritoneal cavity behind the uterus, the fundus retroverted and dragged into the vagina. Two India rubber ligatures were then applied through an opening in the peritoneum between the uterus and bladder, at a point midway between both broad ligaments, and firmly tied one around each, and secured from slipping by hare-lip pins, whose points were then nipped off. The uterus was then severed from its connections and removed. The compression forceps and hare-lip pins were left in the vagina. The vaginal mucous membrane was brought together by two wire sutures. Salicylic cream was smeared over the walls of the vagina and eucalyptol ointment with iodoform was left at the top of the vagina as a dressing. Iodoform absorbent cotton was placed over the vulva. The patient was placed on a bed inclined to favor drainage.

The temperature never rose above 100.5 deg. and the patient was discharged in five weeks after operation. When the vaginal stitches were removed nothing could be found of the elastic ligatures. Since the operation (a year has elapsed), she has had none of the sensation of ovula-

tion which she used to experience at the menstrual periods, though the tubes and ovaries were not removed. Her menses were regular before operation. As Dr. Wallace states, in this case at least it is evident that the Fallopian tubes have nothing to do with menstruation.

Case II was very much like I, except that the disease was more extensive, involving the posterior fornix and about half an inch of the vaginal wall.

In the above cases the uterus was freely movable. In cases III and IV, the two fatal ones, the mobility was much impaired, in the former by enlargement and in the latter by shortening of the broad ligaments. In case IV a supplementary abdominal incision had to be made to allow the completion of the operation.

Dr. Wallace draws the following conclusions from his four cases:

1. In the early stages of cancer of the womb, while the organ is still mobile and not enlarged, excision is justifiable; and, as in cases I and II, the patients recover and rapidly regain health and strength.

2. The vaginal operation is be preferred to all others, abdominal section enormously increasing the risk and not being necessary in cases suitable for operation.

3. Such cases as III and IV are not suitable for operation; and if I were again called upon to operate under such physical conditions of advanced diseased, I would consider it unjustifiable and decline doing it.

Value of a Diploma.—Dr. Rauch, the Secretary of the Illinois State Board of Health, in the sixth annual report calls attention to the fact that a diploma carries with it not of right any character whatever; that it is merely a document bearing reco d of a degree conferred by a literary society or educational institution (Webster) and that the right to practice medicine is intrinsically and essentially a statutory right subject to whatever conditions the law-making branch of the government may see fit to impose in the interest of human health and life, as restraints upon the ignorant, unprincipled or dishonorable.—*St. Louis Courier of Medicine.*

Locomotor Ataxy without Disease of the Posterior Columns of the Spinal Cord.—*Dr. A. Hughes Bennett* reported the case of a man, aged 48, who during life suffered from all the usual symptoms of locomotor ataxy, including inco-ordination of movement without loss of muscular power, a typical ataxic gait, Romberg's symptom, impaired and retarded sensibility of the lower extremities, lancinating pains and loss of the knee-jerk phenomena. After death the posterior columns and cornua of the spinal cord were found without a trace of disease. Evidences of general acute cerebritis were found with patches of recent softening. In the medulla oblongata there was a mass of sarcomatous infiltration occupying its posterior and central aspects; with the exception of one anterior cornua in a limited portion of the lumbar region the spinal cord was perfectly normal throughout, as were also the posterior cornua and roots within the circle of the spinal membranes. Outside these the posterior roots in the dorsal and lumbar regions were found involved in a mass of sarcoma, which extended as far upwards as the cervical portion of the cord. In the lumbar region the anterior roots were implicated, but only to a very limited degree. The patches of central softening were probably quite recent, and due to the acute cerebritis which supervened shortly before death. The sarcomatous growth in the medulla is a rare pathological condition, and the absence of pronounced bulbar symptoms was explained by the supposition that the morbid material had infiltrated the normal structures notwithstanding their serious degradation. Although one anterior horn was implicated, and some of the anterior roots slightly involved in the disease, it was evident that this had caused few symptoms during life. As the motor power was unimpaired, there was no muscular wasting, and the retinal reactions were normal. Now the universal belief is that the essential lesion of locomotor ataxy is sclerosis of the posterior root-zones of the cord, yet there was no trace of disease in any portion of the posterior columns here. The case therefore proves that for the production of

ataxy degeneration of the cord is not essential. Reference was made to cases published by Déjerine in which there were all the symptoms of tabes, and after death only parenchymatous neuritis of the peripheral nerve endings found, the cord roots and nerves being intact. From this it was maintained that interruption of the different paths at the periphery was capable of causing ataxy in as characteristic a manner as when the tracts were discovered in the cord. The case under notice showed that lesion of a third locality, namely of the posterior spinal roots, might produce the same effect.—*Proceedings of the Clinical Society of London, Brit. Med. Jour.*, March 7.

Rapid Anæsthesia by Ether.—Dr. A. F. Müller says in the *Med. News* April 4th: "The following method of rapid anæsthesia by ether was suggested to me seven or eight years ago by a thought that the great length of time often consumed in etherizing patients was due to the fact of the frequent interruptions necessary to replenish the cone or towel used for the purpose, and the consequent partial recovery of the patient. To obviate the difficulty and obtain a continuous flow of pure ether vapor, I had made an apparatus, consisting of the two valves of a rubber foot-ball sewed together at the edges and connected by a tube with a bottle containing ether, which is plunged into a bucket of hot water. Ether boils at 98°, and vapor passes over steadily and rapidly, and is inhaled by the patient, whose face is covered by the inhaler, protected by a clean towel.

The result has been suprising, as will be seen by the following cases, all etherized by this method within the last three months at the Germantown Hospital. In none of the cases was there nausea previous to anæsthesia; one at least came to the house the morning of the operation having eaten a hearty breakfast. In most cases no struggling, and if so, only slight; no stage of excitement. In cases that require only a few moments for operation, the patient wakes up as quickly as after nitrous oxide. After patient is etherized, the amount passing over can be regulated by a stop-cock at the bottle end of the tube.

The apparatus I have used is very crude, made only for the purpose of experiment, and I am having an improved one made, which I hope will be more satisfactory in some of its details."

The quantity of ether used to produce complete insensibility in no case exceeded three ounces; in some it was less than an ounce and a half. Dr. Müller reports 18 cases in which unconsciousness was produced in from 30 seconds to 2 minutes.

Ergot in the Treatment of Constipation.—Dr. Granzio reports two cases of constipation following the abuse of purgatives relieved by ergot. Three doses of ten grains each were given at intervals of two hours, and were followed by a copious evacuation. A second stool occurred spontaneously the next day, and, after the administration of ergot in smaller doses for a few days, a definite cure was obtained. The constipation was due to atony of the muscular wall of the intestines.—*Practitioner.*

The Anglo-Swiss Condensed Milk, which is being advertised in this journal, has won the highest encomiums from the most competent authorities as the best food made for infants and invalids. A treatise on this all-important topic will be mailed, free of cost, to all applicants by the Anglo-Swiss Condensed Milk Co., 86 Hudson St., New York city, or can be procured of druggists.

Treatment of Gonorrhœa.—In the early treatment of gonorrhœa, Prof. S. W. Gross (*College and Clin. Record*) condemns the use of injections. His plan is as follows: If possible, put the patient to bed; give him at the outset a purge, by administering Epsom and Rochelle salts, each ʒij, in lemon syrup. Allow no meat or any stimulating articles of diet, etc. Malt liquors do more harm than alcoholic, so interdict both. No tea or coffee, but give him milk, eggs and some oysters, etc. Three times

daily he is to hold the penis in a cup of hot water—quite hot. Keep the organ there for five minutes at a time, then wipe it gently each time.

The internal treatment will be by the "antimonial and saline mixture":—

℞. Antimonii et potassii tartrat., gr. $\frac{1}{10}$
Magnesii sulphatis, ℥ij
Morphiæ sulphatis, gr. $\frac{1}{8}$
Tinct. aconiti radicis, gtt j.
Liquor. potassi citrat., f℥ss
Olei limonis, gtt. ss
Elixir simplicis, f℥ss.
M. Sig.—Ter die.

By this treatment the urine will be rendered bland and unirritating. Should the urine persist in "scalding," then add to the above prescription gtt. x tinct. cannabis indicæ. To prevent or cure chordee, order at night a suppository of—

℞. Extract opii,
Camphoræ, āā gr. iij

In the course of four or five days the discharge from the urethra will look more like laudable pus; then order an injection :—

℞. Hydrargyri chloridi corrosivi, gr. ij
Aquæ destillat., Oj

Sig.—With a syringe that holds an ounce, inject into the urethra—having first "flushed" the canal several times by voiding urine—and retain the fluid for five minutes.

Internally, a useful combination is that used at the out-door department at the hospital, and consisting of—

℞. Cubebæ, ℥ij
Alum. pulv., ℥j
M. Sig.—Of this take a heaping teaspoonful in a tumbler of water ter die; the dose to be increased.

Should the discharge per urethram still persist, use an injection of—

℞. Liquor. plumbi subacetatis, f℥j
M. Aquæ, f℥x

Or—

℞. Plumbi acetatis, gr. ij
Zinci sulphat., gr. iij
Aquæ, f℥j
M.

Or—

℞. Acidi tannici, gr. ij
Aquæ, f℥j
M.

A Contribution to the Pathology of Malarial Fever.—Drs. W. T. Councilman and A. C. Abbott, of Baltimore, report in the April number of *The American Journal of the Medical Sciences*, two cases of malarial coma, with post-mortem examinations, of especial interest in connection with which was the presence of small hyaline masses in the brain and elsewhere. The authors fully consider the arguments pertaining to the supposition that these hyaline bodies are living organisms, without being able to arrive at any definite conclusion.

With a view of shedding some light on the subject of lower organisms in malaria, they made a careful search for the bacilli of Klebs and Tomasi-Crudeli,, and for any other lower organisms in all of the cases of malarial fever which came under their observation on the post-mortem table. In no case were any bacilli, bacteria, or micrococci found. Only in the two comatose cases, which they have fully described, were the singular hyaline bodies found.

This is an argument against the probability of these hyaline bodies being micro-organisms. They cannot suppose the comatose form of malarial poisoning to be a special disease, and were a lower organism is found in this, it should also be found in other cases.

Membranous Croup; Diphtheritic Croup. True Croup.—The April number of *The American Journal of the Medical Sciences* contains an elaborate clinical study of true croup from the pen of Dr. J. Lewis Smith, of New York. He fully considers the etiology, anatomical characters, diagnosis, prognosis and treatment. Whatever the cause, the anatomical characters, the clinical history, and the required treatment are so nearly identical that attempts to differentiate the disease when produced by other agencies than diphtheria from that due to diphtheria, have proved futile and unsatisfactory in localities where diphtheria occurs, except in a few instances, as, for example, when croup has been manifestly caused by swallowing or inhaling some irritating agent.

Dr. Smith holds that inflammation of the laryngeal or tracheal surface, whatever its cause, whenever it reaches a certain grade of severity, may be attended by the exudation of fibrin and the formation of a pseudo-membrane, but such a result more frequently occurs in the inflammation caused by diphtheria than in that produced by other agencies. In diphtheria a moderate laryngo-tracheitis is attended by the pseudo-membranous formation. D. Smith's experience leads him to believe that not more than one in eight cases of croup has recovered by medical treatment which began in the first week of diphtheria, and in which the symptoms were so pronounced as to indicate more or less laryngeal stenosis. The exudation in the first week of diphtheria, or in its active period, occurs so rapidly, and in such large quantity, that no one of the medical agents or modes of treatment, which physicians commonly prescribe, is sufficiently prompt in its action to prevent the formation of the pseudo-membrane to an extent that soon endangers life.

Croup occurring in the second or third week of diphtheria, since it is attended by less abundant and less rapid exudation than when it occurs during the acute stage, can be more successfully treated under the persevering use of solvent inhalations, and a larger proportion than one in eight, perhaps one in three recovers by the early and continuous or almost continuous use of inhalations.

Still the mortality is so large, and the suffering so great in croup, at whatever stage of diphtheria it occurs, that we cannot rely on the slow action of medicines or inhalations, and surgical treatment is in most instances required to diminish the suffering, and afford the best chances for saving life.

Under the head of medicinal treatment he strongly recommends trypsine as a solvent of false membrane. Of calomel, he says: The experience of many physicians justifies the belief that mercury and especially calomel employed within certain limits in the commencement of of a pseudo-membranous inflammation does exert some controlling action on this disease. That it did much harm formerly when physicians prescribed it as freely as we now employ potassium chlorate, to the extent in many instances of increasing the cachexia and causing mercurialism, should not deter from its judicious use. In the ordinary form of diphtheria he would not advise the use of calomel, or would limit its employment to one or two doses of six to ten grains in the commencent of the disease in robust cases. But in croup, since the danger is not from the cachexia or blood-poisoning so much as from the laryngeal stenosis, which is apt to develop rapidly, that medicine is indicated, and should be prescribed, which most strongly retards the exudative process, and aids in liquefying and removing the pseudo-membrane; provided that it produce no deleterious effect which renders its use inadmissible. Hence it is proper to prescribe calomel in larger doses and for a longer time in the treatment of croup, than in other forms of membranous inflammation, if it fulfil the indication, as it seems to in a measure. In his own practice, however, calomel is not prescribed after the first or second day, since Dr. Smith prefers the use of other remedial measures, which are efficient, and less likely to produce injurious effects. The subject of surgical treatment is also fully discussed, and Dr. Smith holds that we can claim for tracheotomy judiciously performed, and at a sufficiently early stage, the cure of one in every three patients on the average.

Anæmia.—A favorite prescription of Prof. Da Costa in marked idiopathic anæmia is: ℞. Ferri sulph., ʒj; Potassi carb., ʒj. Ft. pil. No. x.—M. Sig.—One after meals for first week; increase dose in second week, etc. If the patient is a female, suspend treatment during menstruation.—*Coll. and Clin. Record.*

Members of Sections appointed by the American Medical Association to act for the ensuing year are as follows:

Section of Medicine.—J. T. Whittaker, M. D., of Ohio, Chairman; B. L. Coleman, M. D., of Kentucky, Secretary.

Section of Obstretrics.—Seth C. Gor-

don, M. D., of Maine, Chairman; J. F. Y. Paine, M. D., of Texas, Secretary.

Section of Surgery.—N. Senn, M. D., of Wisconsin, Chairman; H. H. Mudd, M. D., of St. Louis, Secretary.

Section of Ophthalmology.—Eugene Smith, M. D., of Michigan, Chairman; J. F. Fulton, M. D., of Minnesota, Secretary.

Section of Diseases of Children.—W. D. Haggard, M. D., of Tennessee, Chairman; W. B. Lawrence, M. D., of Arkansas, Secretary.

Section of State Medicine.—J. H. Rauch, M. D., of Illinois, Chairman; F. E. Daniel, M. D., of Texas, Secretary.

Section of Oral and Dental Surgery.—J. S. Marshall, M. D., of Illinois, Chairman; A. E. Baldwin, M. D., of Illinois, Secretary.

Committee on Necrology.—J. M. Toner, M. D.. of the District of Columbia, Chairman.

Judicial Council.—R. A. Kinloch, M. D., of South Carolina; D. D. Saunders, M. D., of Tennessee· T. G. Richardson, M. D., of Louisiana; C. A. Ketchum. M. D., of Alabama; George Baird, M. D., of West Virginia; J. M. Toner, M. D., of the District of Columbia; A. M. Pollock, M. D., of Pennsylvania.

PRIZES TO STIMULATE ORIGINAL RESEARCH.—At the recent meeting of the American Medical Association Dr. N. H. Reed, of Mansfield, Ohio, offered the following resolution, which was adopted:

Whereas, There is no stimulus for original research in the Association,

Resolved, That a

FIRST AND SECOND HONOR PRIZE

be offered for the best and second-best paper in each Section at the next meeting of the Association, and that three judges be appointed, no two of which shall be from any one State; and said papers shall not occupy more than thirty minutes.

INTERPRETATION OF CERTAIN POINTS IN THE CODE OF ETHICS.—Dr. N. S. Davis, Chairman of the Committee appointed last year by the American Medical Associatian to make some declarative interpretation of certain points in the code of ethics, submitted the following report in the form of a preamble and resolutions:

Whereas, Persistent misrepresentations have been and are still being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, some in the ranks of the profession, are led to believe its provisions exclude persons from professional recognition simply because of difference of opinion or doctrine; therefore be it

Resolved, That Clause 1, Article IV., in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of difference in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession, neither is there any other article or clause in said Code of Ethics that interferes with the exercise of the most perfect liberality of individual opinion and practice.

Resolved, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper to assume a name indicating to the public a sectarian and exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

Resolved, That there is no provision in the National Code of Medical Ethics in anywise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to promptly meet the emergencies occasioned by disease or accident, and to give the helping hand of assistance without unnecessary delay is a duty fully enjoined on every member of the profession, both by the letter and spirit of the entire Code, but no such emergencies or circumstances can make it necessary or proper to enter into professional consultation with those who have voluntarily

disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution.

This report was adopted unanimously as an interpretation of certain clauses in the Code.

Dr. Tiffany's Case of Nephrolithotomy.—During the recent session of the American Surgical Association, held at Washington, D. C., Dr. L. McLane Tiffany, of Baltimore, reported a successful case of nephrolithotomy and made some comments upon the operation.

The patient was a man, in the pelvis of whose right kidney a physician had diagnosticated trouble, and had brought the case to the reporter's observation. He obtained the following history: The patient was 26 years of age, married, and was the father of one child. He began at the age of 17 years to suffer with occasional paroxysms of pain in the right loin. About six years ago he noticed that the urine was very light in color and deposited a sediment, but he had no difficulty in passing water. On the 4th of July, 1884, he was suddenly seized with an attack of pain in the right side, extending from the back to the front, and running down the thigh, with pain and retraction of the testicle. Afterwards these pains recurred frequently, the paroxysms being more severe in the day than at night. He had taken various remedies without relief, and was taking much morphia, and could not live without it. Upon examination there was tenderness in the right loin, muscles of the right lumbar region were contracted. Moving the limb caused him pain. The percussion-note was duller than upon the opposite side. The urine contained pus and considerable sediment. Operation was performed February 21, 1885. Kidney was exposed by incision in the right lumbar region, then opened at the side by Paquelin's thermo-cautery, and a stone removed in fragments from the pelvis of the kidney, weighing in all 556 grains. It was composed principally of phosphate of lime. The hemorrhage was insignificant, and ceased with reaction. A drainage-tube was inserted and antiseptic dressings applied. Forty minutes after the operation the patient passed water from the bladder, and complained of its burning. Patient sat up in a week, and, in short, made an uninterrupted recovery. A small sinus still exists, which gives no discomfort. Two interesting facts were noted during the treatment. For the first few days, while the urine flowed through the wound the urine discharged from the bladder was clear, and did not contain any pus; afterwards pus reappeared. This showed that the other kidney was probably healthy—an important point in case extirpation of the diseased organ should come up for consideration.

Nephrolithotomy is a good term introduced by Henry Morris, of London,* to designate the operation of incision of the kidney for the removal of a calculus, the organ not being dilated by pus or urine; it does not apply to operations for the removal of stone from the centre of a suppurative cavity, the stone having escaped from the kidney, or where sinuses exist leading down to the stone. He believed that the time would come when the question of operation will be more generally considered, and thought it should be resorted to earlier than it has been, as in the recorded cases the patients have suffered a number of years before the operation was performed. As regards the subjects of stone in the kidney, it is slightly more frequent in males, and occurs more often in the left kidney than in the right, though the difference is not very great. An hereditary element is sometimes found.

As regards the symptoms, they appear early in life generally. Pain is almost always present: the paroxysms of pain being more frequent in proportion to the acuteness of the case. Exacerbations are sometimes due, however, to change in the position of the stone, or its becoming the cause of suppuration. The pain shoots down from the loin to the testicle, which is retracted, sometimes down the inside of the thigh. Exercise or exertion always causes pain, especially movements of the muscles of the back. Lumbar muscles sometimes strongly con-

*Clinical Society's Trans., vol. xiv.

tracted, and also the outer fibres of the external oblique; but this disappears on etherization. The secretion of urine sometimes interrupted. Urine may contain blood and triple phosphates as well as pus and albumen. In other cases these may be absent. Sometimes the reaction changes abruptly from acid to alkaline. The blood in the urine is liable to appear in proportion to the amount of exercise, and also after paroxysms of pain.

Directions for Operation.—The incision for the exploration of the kidney is to be utilized for the removal of the stone if found. It is to be made in the lumbar region, through the fibres of the quadratus lumborum muscle and the outer edge of the erector spinæ. The finger is then introduced, after exposing the kidney, to search for stone. Failing to recognize a stone by the touch, a needle may be introduced; but this he would think unnecessary, because opening the kidney is warranted by the symptoms. Paquelin's cautery is used to incise the kidney; the bleeding is usually very slight, and can be checked with hot water. The finger is the best probe for examining the pelvis of the kidney. The calculi, which are easily detected and often small, usually consist of lime oxalate and lime phosphate.

The operation will finally take its place among the most successful of major operations.

Will the kidney return to its normal condition? It is too soon to answer this question. We might expect it to do so after removal of a foreign body; the patient was quite satisfied with the final result. Two points seemed of special interest in this case: First, the fact that the bladder could be irrigated through the ureter is very interesting. When a nephrotomy has been done and the question of the removal of the kidney is contemplated, the corresponding ureter may be plugged, so as to obtain the secretion of the other kidney in order to determine its condition. The operation has been compared with lithotomy of the urinary bladder, in which the rule is to operate as soon as the stone is found. He thought the question of age was one of great importance in both cases.

A certain number of cases have been diagnosticated by competent surgeons as stone in the kidney, in which no stone could be found subsequently. He referred to two cases reported as cases of nephrolithotomy, one reported by Le Dentu (*Bulletin de Therapeutique*, 1885, p. 343) and one by Lloyd (*London Lancet*, June 2, 1883, p. 948), which he considered did not come properly under the head of nephrolithotomy.

The symptoms of kidney stone may be so closely simulated as to deceive any one, but, while the diagnosis is in doubt, the question of operation is not. To the comparison of the kidney stone and that of the bladder he would add the note that in cases of chronic inflammation both organs may demand incision and rest. To bring about a cure of chronic inflammation is still further applying the common rule to different parts of the urinary apparatus, and so simplifying surgery.

American Surgical Association, Officers for 1885.—At the recent meeting of the American Surgical Association, held at Washington, April 23, Prof. J. Edwin Michael, of Baltimore, was elected to a Fellowship in the Association. The following officers were elected for the ensuing year:

President—Dr. Moses Gunn, of Chicago.

Vice-Presidents—Drs. Christopher Johnston, of Baltimore; Thomas P. Russel, of Oshkosh, Wisconsin.

Secretary—Dr. J. R. Weist, of Richmond, Indiana.

Recorder—Dr. J. Ewing Mears, of Philadelphia.

Treasurer—Dr. John H. Brinton, of Philadelphia.

Member of Council—Dr. Hunter McGuire, Phineas S. Conner, John S. Billings, Louis McLane Tiffany.

Committee of Arrangements—Dr. J. S. Billings, J. Ford Thomson, and L. McL. Tiffany.

Time and place of next meeting, Washington, D. C., on the Wednesday preceding the meeting of the American Medical Association.

The following Honorary Foreign Associates were elected: Sir James Paget,

Mr. John Eric Erichsen, Sir Joseph Lister, Thomas Annandale, Edinburgh; Prof. Friedreich Esmarch, Kiel; Prof. Von Langenbeck, Berlin; Prof. Volkmann, Halle; Prof. Czerny, Heidelberg; Prof. Billroth, Vienna; Prof. Von Nussbaum, Munich; Prof. Verneuil, Paris; Prof. Ollier, Lyons.

The following new Fellows were elected: W. H. Carnalt, J. Ford Thompson, Washington; J. Edwin Michael, Baltimore; Roswell Park, Buffalo; Theodore R. Varick, Jersey City.

Medical Items.

Dr. S. Lattimer Phillip, a graduate of the University of Maryland, from Hampton, Virginia, has received the appointment of resident physician at the Presbyterian Eye, Ear and Throat Charity Hospital for the year commencing April 1st, 1885.

The College of Physicians (not a medical school but a medical society) has finally secured sufficient funds to place a third story upon the well-known structure at 13th and Locust Streets, Phila. The work will begin next month. The improvements are estimated to cost nearly thirty thousand dollars, most of which was subscribed by Fellows of the College. The very rapid growth of the library and the necessity for providing increased accommodation for the valuable Mütter Museum has led to this step. —*Boston Med. and Surg. Jl.*

Dr. N. S. Davis has consented to act as the editor of the *Journal of the American Medical Association* for the ensuing year. He is of the opinion that with application and practice in ten years the *Journal* will stand in the lead.

At the third annual commencement of the Woman's Medical College of Baltimore, held May 1st, diplomas were conferred upon the following graduates: M. Laura Ewing, of Maryland; Alice S. Parkhurst, of Maryland; Clara Steinbrenner, of Maryland, and Marie E. Thalwitzer, of Germany. The first honor was awarded to Marie E. Thalwitzer and second honor to Alice S. Parkhurst. The valedictory address to the graduating class was delivered by Prof. J. Edwin Michael, of this city. The degrees were conferred by Prof. Richard Henry Thomas, of the Faculty.

A sneak thief has entered the offices of a number of physicians in this city, recently, and stolen a number of books, instruments, etc. The profession should keep a lookout for this individual.

The next meeting of the American Medical Association will be held in St. Louis on the first Tuesday in May, 1885.

The following resolution was adopted by the American Medical Association, at its recent meeting:

Resolved, That the Committee appointed to arrange for the meeting of the International Medical Congress in Washington in 1887, be enlarged by the addition of thirty-eight members, one from each State and territory, the District of Columbia, and the Army and Navy, to be appointed by the Chair. That the Committee thus enlarged proceed at once to review, alter, and amend the action of the present Committee as it may deem best.

The American Medical Association has resolved to erect a statue in the city to Doctor Benjamin Rush of Washington by funds obtained by subscriptions limited to one dollar, and by voluntary donations from such others as may be interested in the matter.

Prof. John S. Lynch, of this, was added to the Committee on International Medical Congress as the member from Maryland.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from April 28, 1885, to May 4, 1885.

Maj. Charles C. Byrne, Surgeon. Assigned to duty as attending surgeon at the Soldiers' Home, D. C., to take effect May 5. 1885.

Captain Calvin DeWitt, Asst. Surgeon. Upon being relieved by Surgeon Byrne, ordered to the Surgeon General of the Army.

Capt. Geo. H. Torney, Asst. Surgeon U. S. Army. Assigned to duty at Fort Monroe, Va.

1st Lt. Wm. H. Arthur, Asst. Surgeon. Assigned to duty at Fort Niagara, N. Y.

Original Articles.

VALEDICTORY ADDRESS DELIVERED BEFORE THE GRADUATING CLASS OF THE WOMAN'S MEDICAL COLLEGE, OF BALTIMORE.

BY J. EDWIN MICHAEL, A. M., M. D.,

Professor of Anatomy and Clinical Surgery, University of Maryland.

When the honor of addressing the graduating class of the Woman's Medical College of Baltimore, was first proffered me, my first impulse was to decline, for I am well acquainted with my own unfitness for such a task; but reflection convinced me that the privilege of welcoming a delegation of the gentler sex to the ranks of the noble profession, of which I am but an unworthy member, and of saying a word of encouragement to my friends of the Faculty, was one which I ought not deny myself. I have watched the progress of your institution; I have been an interested observer of its up-hill struggle against the conservatism of Baltimore and the prejudices of ages; I have admired the honorable self-abnegation which has scorned to adopt any of the meretricious and questionable practices which we have seen brought into requisition by medical schools; I have appreciated that regard for the best interests of the profession which has lengthened and improved the course of instruction, and elevated the standard of graduation to a point beyond the reach of carping criticism; and I am willing—nay, I am proud—to stand here to-day and express my conviction that you, ladies, as exponents of the efforts of your Faculty, will fully equal the standard of professional requirements, and the hope that your labors will be crowned by the full measure of success for yourselves as well as conducive to the elevation of the tone of professional morality and refinement.

As the entrance of women into the medical profession is a comparatively new thing among us, it is expected that upon an occasion of this kind, one should discuss the subject and give the various pros and cons which suggest themselves. This, however, I do not propose to do, since, in the present company, it would partake somewhat of the nature of a work of supererogation. But I may be allowed to express briefly my own views in regard to the matter. I do not claim to be an enthusiastic advocate of woman studying medicine. I do not believe there is any special work in the profession which she can do with more skill or with more propriety than male physicians. I look at the subject entirely from the other side. I am by no means disposed to preach a mission with a view to induce woman to enter a field of arduous labor, to undertake the responsibilities of a profession which, though exalted and honorable, is not always remunerative, and which presents duties to be performed, which try the fortitude of the strongest. But if upon proper deliberation she determines to enter the lists, I say let her be welcome, accord her every advantage in the pursuit of her studies and the practice of her profession, and let her stand or fall, as others do, by the test of merit. The capacity of woman physically and intellectually has been much discussed by learned men. And if durability is a virtue it is a very good question, for it might be discussed until the day of judgment and still leave room for difference of opinion. It is said that generations of dependence on husbands, fathers and brothers have produced a condition of helplessness which makes woman inferior to man; that the mass of women are, in the words of the poet,

> "No better than their mothers, household stuff,
> Live chattels, mincers of each other's fame,
> Full of weak poison, turnspits for the clown,
> The drunkard's foot-ball, laughing-stocks of Time,
> Whose brains are in their hands and in their heels,
> But fit to flaunt, to dress, to dance, to thrum
> To tramp, to scream, to burnish and to scour,
> Forever slaves at home and fools abroad"

But woman has a father as well as a mother, and is just as likely to inherit the qualities, mental and physical, of the one as of the other (more's the pity, in many cases); and so the hereditary argument can only serve as a very thin bolster for the cause of male superiority. Doubtless there is a large number of dolts, enthusiasts and fanatics among the fair sex, and the genus "crank" is represented by

innumerable species, but if the number and variety of these "fauna" is greater than can be exhibited by their stronger brethren, my own small experience is certainly at fault. But the question is not the fitness of the whole sex. There are women and women. One woman can do exceedingly well what another cannot do at all. Moreover it is folly to discuss a question upon a theory which has already been practically decided. History is filled with examples of the success of woman. She has shown commanding ability and achieved wonderful success in almost every department of life, and I see no reason why she should not have fair play in medicine. She has already entered our ranks and taken her stand with the best. It may be said that there are very few women well-known to fame in medicine, and that they are exceptional, and it is true. But I would answer, the same is equally true of the great names we all revere. Count up the leaders and the followers compare the advantages of each, and it will be found that woman has no cause to be ashamed of her record. The liberation of woman from the thraldom of ancient custom has been going on for centuries, but it has had to fight its way against one conservative idea or another at every advance. With the ultra-conservative all changes are bad. Some of the wisest and the best have opposed the greatest improvements. The art of printing has been called diabolical, and there are yet those who prefer the stage-coach to the railway car. With the advance of modern civilization the influence of woman has played a more and more important part. She has taken an ever-increasing hold on the activities of modern life. She succeeded in literature, art, business. Why shall she not succeed in medicine? She has entered the profession against the protests of the ultra-conservatives and against the prejudices of the laity, and my conviction is that she has come to stay. For myself, I say let her be welcome, and let her have place, profit and consideration in proportion to her merit. I need not speak of successful female practitioners of former times and of the present. Their names and the records of their success are doubtless better known to you than to me. A more important matter to you is the fact that the fitness of woman for medical work is being recognized. We see women appointed to teaching positions; we are no longer surprised to see articles in the medical journals from the pens of women; they participate in the discussions of medical societies; the Paris hospital authorities have recently passed a law admitting women to official positions formerly held exclusively by men; and the fact in which we participate to-day—the fact that we are assisting at the third commencement of a woman's medical college in the ancient and conservative city of Baltimore—is not insignificant.

But I waste your time in trying to show you that you ought to become doctors if you so desire and are willing to undertake the duties and responsibilities of the profession, for I know as well as another the truth of the old maxim in regard to your sex: "When she will she will, you may depend on't," and it would be better, perhaps, to give you a word or two of advice in regard to the duties of your calling. You must bear a proportionately larger share of responsibility than your male brethren. You must consider yourselves in some sense as pioneers. Your failures and successes will be counted in the mass of evidence as to the fitness of your sex for professional work. The eyes of the community will be upon you and no chance for unfavorable criticism will be lost. There will be a sharp look-out for female weaknesses. Hence you will do well to keep in mind the wise words of the Princess:

> "You likewise will do well,
> Ladies, on entering here to cast and fling
> The tricks that made us toys of men, that so,
> Some future time, if so indeed you will
> You may with those self-styled our lords ally
> Your fortunes justlier balanced scale with scale."

And do not imagine for a moment that because you have passed the examinations and answered the hard questions which have been put to you that you have all the knowledge requisite for the practice of your chosen profession. Medicine is progressive. Facts are being constantly accumulated, collated, com-

pared, and systems must change in consequence. Know as much as you like today; your knowledge will not serve for to-morrow, Doctrines which brought down an avalanche of abuse and ridicule on the head of Dr. Oliver Wendell Holmes only a few short years ago are now anxious known to every neophite. Within the memory of most of us here present Lister was,in the estimation of the surgical world, an obscure hobby-rider. Now he is a baronet with a reputation co-extensive with surgical literature. You must keep your eyes about you. You must read and discriminate. You must winnow the wheat from the chaff, for it must be admitted that much we find in print is but chaff to be blown away by the next change of wind. The medical mind is, unfortunately, not free from that kind of ambition which is prone to overreach itself, to advance crude theories based upon insufficient or inaccurately observed facts. The pathologist will have his new bacillus, the surgeon his new antiseptic method, the medical practitioner his new treatment, and the smaller fry join in the hue and cry of praise or criticism as circumstance or self-interest dictate. And, alas! our literature is sometimes burdened with what is known as the "trade article," the self-laudatory effusion which sets forth the skill of the author or the immense practice from which he selects his cases, or perhaps dilates upon the incompetence and ignorance of the doctors who saw the patient before he was so fortunate as to fall into skilful hands, and benefits medical science not one jot or tittle. Let me assure you the winnowing process is one of no small difficulty, and one is apt from time to time to have a good deal of dust thrown into one's eyes. But we must not lay too much stress upon separating the good from the bad in the new matter which comes before us. Our medical ancestors have stored up huge granaries of facts which can always be fed upon *ad libitum*, and to these I would recommend you for your principle pabulum. Facts may be hard, dry and somewhat difficult of digestion and assimilation, but you must feed upon them freely if you would acquire and maintain that staunch bone and muscle which the contest demands. The store-houses are open to you; the doors are unlocked. You must constantly partake and digest if you would be strong. Controversial questions need not occupy much of your time. There is enough believed and accepted by all to occupy your attention and amply reward your labor.

Now let us consider, for a moment, what you are to gain in the pursuit of this noble profession you have selected. There is no subject upon which more sentimental rubbish has been said and written than upon the benevolence of the medical profession. The world is full of it. There seems to be a notion abroad that the practice of medicine is such an ennobling occupation that it elevates the mind far above the contemplation of filthy lucre. You will find ten people prepared to discuss the matter from this point of view where you will find one ready to pay you for your honest work. But sentiment will not make the pot boil and charity will not satisfy your tailor—I beg pardon—your dressmaker. You might as well grasp the idea at once that your profession is the occupation by which you are to earn your bread. It is a noble and honorable one. You must assume responsibility for life and health. You must expose your lives for the sake of your patients. You must acquire and retain the respect of the community and occupy a position above reproach. You must work with your hands and with your brains, and the laborer is worthy of his hire. I would not shut your hearts to charity. The medical profession has ever been ready to offer its services to the deserving poor, and I have no apprehension that the lady members will fall behind the rest of us in that respect. You must be ready to bear your part in helping those whom misfortune has visited, and I know you will not fail in this duty, but you cannot afford to make a specialty of it. The rest of the world must and does bear its part. When epidemics invade communities members of our profession are never slow in volunteering to brave disease and death in the performance of duty; when cities are devastated by fire and whole

families are left houseless, capitalists are not backward in giving aid; in times of famine the baker distributes his loaves. And into what den of misery does the doctor penetrate where he does not find priest or parson administering consolation? We do our part—and I do not hesitate to say we do it well—in gratuitously alleviating the miseries of mankind, but I think we are rather prone to magnify ourselves in this respect, and one of the consequences of it is that the community at large is apt to get our professional *charity* mixed up with our professional *business*. You will find, ladies, that gratitude will be one of the largest products of your professional activity. You see your patient writhing with pain, or reduced by sickness to the semblance of death, or despondent, down hearted, bound to die, and he is restored to health by your ministrations. His gratitude is profound, so profound that it overshadows all other considerations, especially the pecuniary consideration for your services. But like gratitude caused in other ways it grows less and less towards the first of January and the first of July, and the old, old story is repeated:—

> "God and the doctor we alike adore,
> But only when in danger, not before;
> The danger o'er, both are alike requited,
> God is forgotten and the doctor slighted."

It has grown into a popular maximum that doctors' bills are the last to be paid, and it is true. It is true because doctors are the most unbusinesslike men in the community, and by their own tardiness in such matters have taught their patients to neglect them. I only hope the ladies will inaugurate some improvements in these matters: As to the glory and honor of popular reputation, except as a means to an end, it is a thing of naught. The public can appreciate your attention, your kindness, your sympathy, perhaps your piety; but your medical skill is entirely beyond its comprehension. You will acquire more popular fame by amputating a leg than by saving one by conservative means. You will pardon a very short anecdote in this connection:

A friend of mine was called to see a case of dislocation of the hip. By the skilful manipulation which your professor of surgery has doubtless taught you, he effected its reduction in a very few moments. As he passed out of the house he overheard the uncle of the patient remark, "Bedad, I knowed it wasn't out of place anyhow." Had he made use of all the old time parapharnalia, pulleys, windlasses, etc., his surgical reputation would, doubtless, have stood much higher in that family.

It is very unfortunate for us as a profession that the public never can be in a position to appreciate medical ability. The skill shown in other occupations is evident in its results. If the mechanic's work is elegant and durable it is his record. The lawyer appears in open court with an opponent to point out the weak places in his argument. The divine holds forth before a congregation more or less critical. But we must deal with sick people, many of whom would get well in the face of very considerable blundering and some of whom will die in spite of the most profound skill. A., who is an experienced and able physician, treats a case of pneumonia in an old broken down patient and the case ends fatally. B., who is an ass, treats a vigorous young man with the same complaint, and treats him abominably. He recovers notwithstanding. The public reasons as follows: A. treated a case of pneumonia and the patient died. B. treated a case of the same disease and it recovered. *Ergo*, B. is the better physician of the two. No better commentary, on this inability of the public to understand medical matters, can be found than in the study of the luminous editorials which emanate from a free and enlightened press upon medical ethics, patent medicines, the Grant case and kindred topics. Their dense ignorance in regard to such subjects is only equalled by the presumption with which it is foisted upon a long-suffering public. The work of the physician is in secret; there is no opposing counsel to pick flaws in his treatment or point out his errors in diagnosis; there is no critical audience capable of discriminating be-

tween honest work and bombastic quackery. The necessary conditions of his occupation are such that dishonesty is almost forced upon him. It is so easy to decide that his patient is very ill, and then snatch him from the jaws of death—to do a thousand things which are disingenuous, not to say dishonest—which will raise him in the estimation of the family and of the public. Ladies, do not hope for any intelligent appreciation—I use the word in its strictly etymological sense—from the public. It will praise you and it will blame you, but there will be no justice in the distribution. The only judge who will pass impartially upon your actions sits enthroned in your own bosoms, and it is only by securing his approval that you can expect that peace which is born of duty honestly performed.

Perhaps I have dwelt too much upon the unpleasant features of professional life—enough, perhaps, to lead to the supposition that I regard it as filled with the gall of bitterness. In giving advice to a friend who is going on a long journey, I think it more fitting to warn him of the dangers I know he will encounter than to apprise him of the pleasures which lie in his path. I know you will be tempted from within and from without. One or another kind of quackery will meet you at every turn. By a stretch of conscience you may get a case which honest dealing would not secure. The advantage of your name to a quack medicine certificate may be presented to you in a too favorable light. The temptation of seeing your name in the daily papers may be too strong for you. The knowledge that your best honest efforts will not be appreciated, by the outside world, may lead you to adopt the methods of the charlatan, and I want to warn you that any such blots on your record will be indelible. I do not underestimate the pleasures of professional life. The consciousness of superior knowledge, of power over human suffering, is in itself a blessing. I can conceive of no higher pleasure than that of giving back the child whose life one has saved to its mother's arms; of restoring the father or mother to a stricken family. The happiness of seeing the painful writhings of the sufferer give place to ease and comfort, and even the solemn satisfaction of mitigating the anguish of death, are pleasures which, to my mind, no other calling can equal. There are roses as well as thorns. It is my duty to warn of the latter as well as to tell you of the former, and to recommend you to cultivate that philosophical equability of temper, that judicious appreciation of your circumstances and of yourselves which will carry you safely through the excitement of success or the chagrin of failure.

And now, ladies, a word to you as women. Your sex has been accused of many weaknesses, and their position has been such that they have no adequate opportunity for defense. They have dressed and flaunted, burnished and scoured for many generations. You have entered the profession of medicine, and I have expressed my conviction that you have come to stay. You have the good name of your sex in your keeping. Guard it well. Shake off those weaknesses which militate against your intellectual standing.

"O lift your natures up;
Embrace our aims: work out your freedom. Girls,
Knowledge is now no more a fountain sealed:
Drink deep, until the habits of the slave,
The sins of emptiness, gossip and spite
And slander, die."

You will find it no holiday parade. You must work with a will and with intelligence. You must acquire position by merit. The mere novelty of being female physicians will not last much longer. Like all other novelties it will soon go out of fashion if there is nothing solid to back it up.

"And thus your pains
May only make that foot-print upon sand
Which old recurring waves of prejudice
Resmooth to nothing."

I am convinced it will not be so. Woman is equal to the task she has undertaken. She will maintain the stand she has assumed, and we her friends of the sterner sex will stand encouragingly by in numbers ever increasing as her merit develops itself

"and watch
The sandy foot-prints harden into stone."

Society Reports

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-SEVENTH ANNUAL SESSION.

(Specially Reported for the Md. Med. Journ.).

The annual meeting of the Faculty was called to order in the Hall of the Athenæum Building, corner of Saratoga and St. Paul Sts., on Tuesday, May 12th, at 12 P. M., the President, Dr. T. S. Latimer, in the Chair. The minutes of the last meeting were read by the Secretary, G. Lane Taneyhill, and on motion were adopted.

On motion, the roll-call of members was omitted.

The President then proceeded to deliver his address "*On the Origin and Diffusion of Cholera.*"

He congratulated the Faculty on its active and prosperous condition, which, he believed, was on the threshhold of a new career of usefulness. He also cordially thanked the Faculty for the honor of being its President, an honor more deeply felt than he could express.

He then proceeded to discuss the subject of his address, the "Origin and Diffusion of Cholera."

"That cholera is indigenous to Asia," he said "there is but little reason to doubt, notwithstanding the fact that, when pandemic, cases have occurred in extra-Indian countries not traced directly or indirectly to Asia, and that cases have occurred sporadically and epidemically at the most various points of the globe."

The earlist reliable account of cholera is that by Sonnerat of a disease that prevailed at Pondicherry and over the whole Coromandal coast in 1768–9, and which caused the death of 60,000 persons in one year. The next trustworthy account of an epidemic of cholera is in the French army of occupation in 1781, in Madras and in Calcutta, where it reappeared in 1782. No reference to the communicable character is made until the pandemic in 1817.

There can scarcely be a doubt that cholera was epidemic in extra-Indian regions of Asia before 1817, as in Java in 1629 and in 1689, and in Ceylon in 1782, 1790 and in 1804.

The speaker stated that the present burden of evidence points to India as the home of cholera, with its headquarters at Bengal. The first pandemic of cholera occurred in 1817–23. In 1817 this disease, which had previously been confined to Asia and, for the most part, to India, overran the whole peninsula and penetrated in its further progress the whole habitable globe, numbering its victims by millions.

There have been in all five pandemics: the first from 1817 to 1823; the second from 1826 to 1837; the third from 1846 to 1863; the fourth from 1865 to 1875; the fifth is now in progress.

The speaker next sketched the course and progress of these pandemics. "Within the period from 1817 to 1823 the disease had spread over a territory of nearly one hundred degrees of longitude—from Nagasaki in 147° E. to the coast of Syria in 52° E. and upwards of sixty-seven degrees of latitude—from Bourbon in 21 S. to Astrakan in 46° 21 N.—and in its western course it had come close to the frontiers of Europe but without crossing them. The winter of 1823–24 had brought with it the complete extinction of the plague throughout the whole territory of Central Asia that had been affected by it. For a space of four years the disease was again confined within the country of its origin, to begin on the expiring of that period a new career towards the borders of Europe and of Northern Africa, and thereafter with rapid flight to make the circuit of the globe."

The second pandemic, which began in 1826, reached the Western Hemisphere for the first time in 1832, having been brought to Canada by Irish emigrants.

It rapidly spread along the St. Lawrence and its tributaries, the shores of lakes Ontario and Champlain, and appeared in the United States at Detroit. In August it appeared in Baltimore and Virginia, and in October was in Kentucky. It spread rapidly along the Mississippi. During the following winter it appeared to have died out, but in 1833 it broke out with fresh violence.

The winter of 1837–38 saw the close of

the second pandemic of cholera and for ten years succeeding Europe, Africa and America were entirely free from it.

The third pandemic, which extended from 1846 to 1863, reached North America in 1848, occurring in New York and New Orleans in December. It spread rapidly, but disappeared to return again in 1854. This third pandemic extended over a period of fifteen years, during which time it had spread over the whole Northern Hemisphere and to 25° south in the old world, and to 30° south in the new. It showed numerous fluctuations of intensity, the maximum falling in the years 1849–50 and 1853–55.

The fourth pandemic, which began in 1865, made its appearance in New York and in New Orleans in 1866, having been brought to the former city by a vessel from Liverpool. In July it appeared in Brooklyn, and a little later in Philadelphia and Baltimore. No inconsiderable number of cases occurred anywhere, but in New York City, the mortality reached 1210, from July until November. It prevailed extensively along the Mississippi and in Texas. The disease reappeared in North America in 1871 and in 1873. During the latter year it spread along the Mississippi, and its tributaries, and over a great part of the interior plain of North America, while the Atlantic Coast States escaped almost entirely.

From the year 1875 to 1880 cholera had shown itself at no point of the globe out of India. Each time the disease has left its native home it has occupied more territory, and has not abated in violence. In the countries visited by cholera certain sections have enjoyed a notable immunity, as for example, Switzerland and several mountain districts in the Southeast of France.

The fifth pandemic began in 1883, by an epidemic outbreak in Egypt, into which country it it had most probably been introduced from India, though on this question there is a wide difference of opinion. Dr. Chaumery, of Alexandria, has attempted to establish the fact that it was not of local origin, whilst Dr. Hunter maintains the opposite opinion and shows that all the conditions favorable to the rise and progress of cholera existed in Cairo. That unsanitary conditions favorable to the development of cholera existed in Egypt is admitted, but it has been shown that persons from infected districts had visited Damietta just prior to the outbreak.

The speaker went on to show that it is extremely difficult to say whether cholera is or is not contagious, and by what means it is diffused. Among those opposed to the theory of contagion are many of the most experienced and capable observers. That nurses, physicians and hospital attendants should suffer, as a rule, in no larger proportion than the rest of the community is a formidable fact for which their is no entirely satisfactory explanation from the contagion point of view.

That the washers of linen from cholera hospitals do suffer in much larger proportion is not satisfactorily explained on any other hypothesis than that of contagion. Those who believe that the cholera germ has been determined hold that cholera is communicable. Koch holds that comma-bacilli are specific bacilli belonging exclusively to cholera Asiatica, but Koch has failed to produce cholera by injecting bacilli of pure culture. Injections of cholera matter made into the stomach of many animals gave negative results. Pasteur says, "it is demonstrated that cholera is principally transmitted by cholera dejections."

It cannot be reasonably doubted that the state of the drinking water sustains some close casual relation, not yet clearly determined, to the development of cholera. Improvement in the water supply on the Brahmaputra emigrant steamers diminished the mortality from an average of 2.23 per cent. to a fraction of 1 per cent. Whilst we are safe in concluding that drinking water may be, and often is, a vehicle for the transmission of the specific germ of cholera it is not the only means by which it finds entrance to the body.

It has been noticed that the low-lands are the first and most severely attacked. It is in these sections in which the subsoil water lies sufficiently near the surface to keep the surface soil moist, yet

not so saturated as to interfere with its permeation by the atmosphere, that we find the conditions most favorable to the spread of the disease. In those kinds of soil, therefore, which resemble low-lying sections most closely, must we find the explanation of the occasional appearance of cholera at such elevations as are usually exempt. "Those sections of country resting on compact stone or upon rock not permeated by water have for the most part no cases of cholera." An illustration of this fact is cited in the case of the town of Hyeres, in the vicinity of Toulon. This place of 12,000 inhabitants, in walking distance of Toulon, escaped entirely any epidemic prevalence of cholera during the past year, although it was a city of refuge for over 1500 fugitives among whom a number of cases occurred after their arrival. It was in a most unsanitary condition, but had excellent water and was founded on a granite rock.

The speaker next stated that there is little ground for doubting that either this or the next ensuing year the North American Continent and probably our city will be visited by this terrible disease. It has been demonstrated that quarantine is of but little value. We need scarcely hope to escape its invasion by land should we successfully shut it out from our harbor. "What is best, then, clearly is to put our city in such condition as will present the most unfavorable conditions for its development, and this it should be clearly understood cannot be done by the authorities alone. It can only be effectually done by the cheerful, hearty and intelligent co-operation of all classes of citizens. Let every house be thoroughly cleaned, every privy emptied and disinfected, every cellar cleared of all rubbish and as thoroughly dried as possible, freely and frequently ventilated and disinfected. Let the streets be frequently washed and never swept without thorough sprinkling."

The merchants and residents in the low lying sections of the city should especially charge themselves with the enforcement of these sanitary precautions.

"Finally should cholera arrive in our city all the precautionary measures mentioned are to be continued, and, in addition, all water for drinking purposes should be well boiled, and subsequently kept in covered vessels. All food should be well cooked. As soon as a case of cholera occurs it should be reported to the Health Department and the patient isolated and the household disinfected."

In conclusion the speaker said, "more extended experience is necessary to speak of the hygienic value of sulphur fires in neighborhoods most liable to attack, but instances are recorded where it seemed to have a good effect. Only in very exceptional cases have attendants on cholera patients suffered to any greater extent than the rest of the community when care was taken to keep thoroughly clean the house, clothing and persons with disinfection of excreta and free ventilation. Flight is more expensive, less effective and not so creditable. In the face of a common danger every member of the community has a definite duty towards his neighbor."

TREASURER'S REPORT.

The Treasurer, Dr. W. F. A. Kemp, reported that the condition of the treasury at the close of the fiscal year, April 28, 1885, was in a more satisfactory state than at the close of the last year, for then the outstanding liabilities amounted to $247.55. This year the liabilities only amounted $99.55.

The total cost of the Medical Annals was $417.55, while the amount received from the sale of this book had only reached the sum of $74.75. The Library Committe had only received $445.10, which amount was less than it was entitled to by the constitution.

During the year five members had died, five had resigned and six had been dropped for arrearages of dues, making a total loss of sixteen members. Eight new members had been elected during the year.

The total receipts for the year were $1583.24, and the total expenditures were $1683.79. The total assets of the Faculty were estimated to be $9840, whilst the total liabilities amounted to $99.55.

REPORT OF THE EXECUTIVE COMMITTEE.

The report of the Executive Committee was presented by the Chairman, Dr. P. C. Williams. The committee had held six meetings during the year and had attended to the matters pertaining to its duties. At its second meeting it received and accepted the resignation of Dr. F. Donaldson as a member of the Library Committee. Dr. J. N. Mackenzie was elected to the vacancy occasioned by Dr. Donaldson's resignation. At its third meeting it had appointed twenty delegates to "The Maryland Sanitary Council," which met at the "Blue Mountain House," on the 17th, 18th and 19th of September, 1884. On March 25th the committee had received the resignation of Dr. W. M. Kemp, who was compelled to retire from the committee on account of ill-health. Dr. Kemp's place was filled by the election of Dr. H. M. Wilson.

The committee announced its reasons for holding the present sessions of the Faculty in the Athenæum Building, and invited attention to the fact that it would suggest the expediency of adopting these rooms as the permanent home of the Faculty.

REPORT OF CORRESPONDING SECRETARY.

Dr. T. Barton Brune, the Corresponding Secretary, reported that he had conducted such correspondence and performed such other duties as pertained to his office to the best of his knowledge and ability.

REPORT OF THE LIBRARY COMMITTEE.

The Library Committee, through Dr. I. E. Atkinson, chairman, reported that it had been unable to conduct the affairs of the Library to its own satisfaction or to the best interest of the Faculty on account of the insufficient funds placed at its command; much that was desirable, much indeed that seemed essential to a well-ordered library, had to be neglected in consequence. The library had failed to receive the amount due it by the constitution. During the past year the Committee had only received from the Treasurer $445.10, which sum was much less than it was entitled to. The Committee respectfully protested against any appropriation of funds that may be made at the expense of the Library, the feature of the Faculty to which, in the largest measure, belongs the credit of its future prosperity. The following resolution was submitted by the Committee:

Resolved, That the Treasurer is hereby directed to deliver to the Chairman of the Library Committee, at the end of each calendar month, one-half of the fees and dues of members received by him during the month, as provided for in Article 10 of the constitution.

The number of volumes in the Library March 1, 1885, was 4170; number received during the year 151; duplicate numbers 321. Seventeen volumes had been donated during the year. Dr. John Morris has completed his gift of a set of dictionaries with a copy of Liddell & Scott's Greek Lexicon.

The Committee deeply regretted the small increase of the Library through donations, and begged to remind members that contributions of new and old books, journals, pamphlets, etc., will always be most thankfully received.

Ninety-four volumes of journals have been bound since the last report, sixty-four journals are now regularly received as follows: One semi-annual, six quarterly, two bi-weekly, thirty-one monthly, two semi-monthly, eighteen weekly, two thrice weekly, two occasional; thirty-six were American, eleven British, seven French, eight German, one Swedish, one Italian.

Attention was directed to the privilege of the Library of the Surgeon-General's Department, from which members may receive books by proper application through the Librarian of the Faculty.

BOARD OF EXAMINERS FOR THE WESTERN SHORE.

The report of the Board of Examiners for the Western Shore was presented by Dr. S. C. Chew, Chairman. The following names were presented to the Board and were recommended for membership

in the Faculty: Drs. Geo. J. Preston, S. C. Earle, W. J. Jones, W. T. Councilman and E. E. Mackenzie.

COMMITTEE ON MEMOIRS.

The report of this committee was presented by Dr. J. R. Quinan, who read biographical sketches of the following members who had died during the year: Drs. Riggin Buckler, Andrew Hartman, G. S. Kinnemon, of Baltimore; Dr. J. R. Ward, of Baltimore County, and Dr. J. J. Woodward, of the U S. Army, an honorary member of the Faculty.

The Committe on Publication, through Dr. G. Lane Taneyhill, Chairman, reported that the sum of $351.75 had been expended by the committee on the publications of the Faculty.

SECOND DAY, MAY 13TH.

The Faculty was called to order at 12 M. by the President. Mrs. E. P. W. Packard, of Illinois, delivered an address on the subject of reforms in the government of insane asylums. The President in introducing the lady stated that she had been before the Legislatures of 29 States, and had secured legislation by 19 States on behalf of the inmates of insane asylums.

Mrs. Packard said she asked the privilege to address them as philanthropists and humanitarians, and with the object of having the subject of improvement in the treatment of persons in insane asylums incorporated in a bill before the next Legislature of Maryland, which she hoped the Faculty would have prepared. There are persons, she said, in insane asylums sent there from cupidity, jealousy, malice and bigotry, hidden in them by unscrupulous persons to get rid of them. Sometimes the sane are buried from the knowledge of friends for years in such places. Mrs. Packard suggested as a remedy for this misgovernment the better securing of the rights of the insane to hold communication by mail with the world outside. The superintendent sends out their letters or delivers letters to them as he pleases. This power should be at least modified, so far as to permit by law the inmate to choose one friend outside to whom a letter may be sent weekly. Mrs. Packard also favors a law providing for bringing patients outside for prompt examination before a magistrate when there is ground for charging assault or brutal treatment before the marks of the assault may have disappeared; also, for examination before burial of the bodies of the dead when brutality is suspected.

The speaker did not assert that the institutions in Maryland at this time indicate the need of such laws.

ANNUAL ORATION.

The annual oration was the delivered by *Professor H. Newell Martin*, of the Johns Hopkins University, on "*The Physiological Action of Drugs.*" The object of medical education is to fit the student to practice, to enable him to destroy his enemy disease. The fundamental qualities necessary for the modern physician are the same as in ancient times, but laboratories of physiology, pathology and experimental therapeutics have added to his knowledge and resources. The orator proposed to consider cure of disease rather than prevention. A chief object of such meetings as this is to take stock of the year's work, to consider the progress made and its value. He could "imagine no topic of greater interest at this moment than intra-cranial surgery; the promise, the just expectation that in the near future the medical man may operate within the arachnoid cavity almost as he now does within the peritoneal, and with equal certainty of diagnosis, and equally reasonable faith of a successful issue!" He addressed them as one concerned rather with the *theory* than the practice of the medical arts, as one whose relation to our noble warfare is rather that of him who prepares cartridges in the arsenal than that of the soldier who handles the rifle and bayonet at the outposts. He could not forebear, however, to point out that the new branch of surgery which promises so much benefit to our fellowmen is in the main due to researches which in their origin had no direct con-

nection with the problems of practical surgery.

Pharmacology, or investigation of the action of drugs on the healthy body, has in the last few years obtained an importance in relation to therapeutics which is not yet fully realized. It can hardly be said to have existed until the present century. Among the Greeks medicines were considered mysterious, as possessing magical power inherent or imparted by sorcery. *Pharmakos* meant alike a physician, sorcerer, poisoner. Something of this old notion still exists among the laity, and many otherwise intelligent people are gulled by the jargon of the supernatural virtues of infinitessimal doses raised to tremendous potency by the 17th trituration.

The discovery of useful remedies in former times was a matter of accident. By multiplied experience the list of medicines was slowly increased. According to Strabo, the Egyptians exposed those dangerously ill that passers by who had seen a similar case recover might advise treatment. By repeated empirical trials some remedies proved of use in certain diseases, and these formed the beginning of our materia medica. Later the votive tables placed in the temples by grateful patients added to the list. In the dark ages the Arabs did something to advance pharmacology and the Europeans almost nothing. The empirical method of the ancients was good as far as it went: what they had found good before they gave again, on the same principle that we now give quinine in intermittent fever.

In the middle ages this sound, if narrow Hippocratic method, gave way to all sorts of fanciful doctrines as to drugs, regardless of observation as to their effects, as for example the doctrine of "Signatures" of Paracelsus, in the 16th century. According to this, plants, etc., required virtues from the stars, and it was the duty of the physician to decipher the signatures or marks which indicated these virtues. This wide-spread doctrine may still be traced in the name of many familiar plants. Pharmacopœias of the 16th, and even of the 17th century, contain substances of the most repulsive character or supposed to have virtues connected with fantastic notions, as the animals from which they were derived. While there was no serious study of facts, no experimental investigation, while tradition not observation ruled, pharmacology could not be born. Even after Sydenham had led the way back to the sounder Hippocratic method, it had to wait till chemistry supplied pure drugs and experimental physiology had taught us how to examine their action on the tissues. The first pharmacological research was made by Majendie on strychnia, and his investigations which still constitute our guide in using this remedy were detailed at length.

It is almost incredible that but sixty years ago it had not been proven for a single medicine that it had a special affinity for and specific action on some organ.

The orator next considered chloral, a remedy which we owe entirely to scientific research, an artificial product created by the chemist, and whose introduction was due to a knowledge of its chemical reactions outside the body. The theory on which its was employed—that it might give rise to chloroform within the body—has not been confirmed but the value of the drug remains, and we owe our knowledge of it to scientific research. "To chemistry which led Liebig to discover it and induced others to study its reactions, to physiology, which taught us the blood was alkaline, to pharmacological research, which by experiment on the lower animals demonstrated its power, according to dose, to cause sleep, to abolish consciousness, to act as a valuable antidote in cases of strychnia poisoning—to these we owe its place among our most valued weapons in our fight against disease. Were it not for chemical research there would not be one grain of chloral hydrate in the world to day, were it not for physiological experiment we would be ignorant of its value in the treatment of disease."

A further illustration of how a new remedy is discovered and how many sciences cöoperate to add to the physician's armament, was found in amyl nitrite, a remedy still not officinal

and now being born, as it were. The chemist discovered it, the physiologist and pharmacologist have experimented with it, and now the practicing physician is testing it clinically. Whether the reasoning which led to its trial in angina be or be not found in sound physiology and pathology, the fact remains that by no mere chance but by scientific reasoning the drug was first tried in this terrible disease.

Numerous other examples might be cited of valuable additions to the materia medica due to pharmacological and physiological research. The story of the past thoughtfully read is the safest guide for the future, in which will be realized the results of the activity of modern chemistry which is continually discussing new agents, not one in a hundred of which is being tested as to its physiological and therapeutic properties.

Professor Martin continued, and spoke of the importance of laboratories for the study of the action of drugs on the living body. There is no such institution in the United States used *exclusively* for this purpose. He gave it as his opinion that Pharmacology depends upon experiments on living animals. He thought such observations should be tried, and explained that it is a great fallacy to suppose that the chief thing to be considered in vivisection is pain. Its object is to save life as well as to relieve pain in man. Men and women subject themselves and their children to pain in order to correct deformity or enhance beauty, which shows that in their judgment physical pain is not the worst thing in the world.

We desire to increase our effectiveness as physicians; is not a practice which offers reasonable hope of doing this though it involve the sacrifice of a hundred, nay a thousand animals and some of them suffer pain, justifiable and right? When we consider the great activity of chemistry in discovering new compounds each year, the probable value of some of these therapeutically and the diseases which now baffle our skill, we can appreciate the importance of not hindering scientific research.

The latter part of the address was devoted to a defense of the practice of vivisection, on account of the practice of which Professor Martin has been subjected to severe criticism, not only in this community, but also in England, to which he has replied in a pamphlet.

REPORT OF THE SECTION ON SURGERY.

The report of this section was presented by Dr. R. W. Johnston, of this city, Chairman. Following the traditions of the Faculty, the report was devoted to *some* of the advances made in surgery during the last year. Next to saving life the greatest function of the profession is to relieve pain. In the line of anæsthesia the report was able to announce a great advance in the discovery of cocaine. An older ally, ether, has had a new application in its administration by the rectum, a method which the reporter was of the opinion would not supplant the method of inhalation since it was only applicable to a limited number of conditions. Chloroform called forth the usual comments of warning. In the opinion of the Section, outside of obstetrics, chloroform should only be used in cases where ether is not available. The report states that the man who, for the sake of personal convenience, exposes his patient to the greater risk of death by this means, should, if that patient die, be held responsible. Reference was next made to the use of ether, by taking advantage of its low boiling point and rapid evaporation when immersed in hot water. Complete anæsthesia may be rapidly induced by this method.

The subject of "Surgical Dressings" was discussed, and the different methods were referred to. Cleanliness is the main point to be desired in this direction.

The subjects of Hydrophobia and Splenic fever have received valuable elucidations from the labors of Pasteur. It was not considered utopian to hope that perhaps the next decade will find zymotic diseases under our control either by inoculation with an attenuated virus of the original disease, or by the application of a germicide baneful to the germ but a blessing to the recipient.

The operation of Goodlee on a cerebral tumor, localized by Bennett, was a practical illustration of the value of vivisection. It is reserved for the present to render by experiment on animals and experience on man the terra incognita of the brain almost as translucent as the more flaccid cavity of the abdomen.

In the surgery of the Thorax the aspirator continues to be the most popular instrument. Resection of the lungs for gangrene, growths or drainage of tuberculous cavities had not met with sufficient success to be generally adopted. The heart alone remains the untouched cavity; the constant activity of the circulatory centre may account for its escape from the adventurous scalpel.

Reference was next made to Dr. Bull's successful suturing of the intestine in eight places for gun-shot wound. This stood out pre-eminently as the operation of the year.

Referring to surgical achievements in Maryland, the reporter mentioned the operation of Resection of the Pylorus performed by Dr. R. Winslow, and to the operation of Nephrolithotomy performed by Dr. Tiffany, both of which had never before been done in this State.

REPORT OF SECTION ON OBSTETRICS AND GYNECOLOGY.

The report of this Section was divided. Dr. John Morris, Chairman, took for his subject the history of gynecology during the past year. The subject was discussed at length under the following heads: 1, constitutional treatment of uterine disease; 2, pessaries; 3, incision of the cervix uteri and the use of tents; 4, Emmet's operation for lacerated cervix; 5, lacerations of the urethra; 6, operations for lacerated perineum; 7, the Alexander Adams operation on the round ligaments; 8, extirpation of the uterus for cancer; 9, extra-uterine pregnancy; 10, therapeutics in gynecology.

These different subjects were discussed very fully, and the views expressed by the reporter were at times novel and original. Any attempt to give a full presentation of the reporter's remarks will extend this report beyond its proper limit. We note the following statements as worthy of attention and consideration:

After quoting at length from the Gulstonian Lectures by Dr. T. Clifford Allbutt and from Dr. Potter, President of the Obstetrical Society of London, the reporter says: "Drs. Allbutt and Potter have but given voice in these expressions to the general sentiments of the profession, not only in England but in this country. The ablest medical men in general practice in the United States have for years struggled against the many striking gynecological innovations which have been introduced into practice, and it is to be hoped that at last their judgment will be approved and a more conservative course be pursued as far as the ailments of women are concerned. Reformation cannot come too soon in this department of medical art."

The subject of "Pessaries" was next considered and their use very earnestly condemned. The reporter quoted from a paper read on this subject before the *American Medical Association*, in 1875, which expressed views considered heterodox at that time but which have been growing gradually in favor. Quoting from Dr. H. R. Bigelow, he says "pessaries are the most irrational devices and have brought untold misery into the world."

REPORT ON OBSTETRICS.

The report of advances made in obstetrics during the year was presented by Dr. L. E. Neale, of this city.

Dr. Neale began his report by citing Lomer's communication on "Combined Turning in the Treatment of Placenta Prævia," an editorial notice of which was published in the Md. Med. Journ., Vol. XII, No. 9, page 163. The advantages of this method in the treatment of placenta prævia are given by Dr. Lomer as follows:

1. It does away with the tampon and with the dangers of infection and loss of time this involves.

2. It allows us to operate early, *i. e.*, when not much blood has been lost.

3. It arrests hemorrhage with certainty.

4. It gives the patient time to rally; gives time for the cervix to dilate; for

pains to set in. It, therefore, prevents post-partum hemorrhage, laceration of the cervix, atony of the uterus."

The speaker failed to see upon what just ground we can withhold the verdict that, in those cases in which this method can be employed, it is by far the best treatment hitherto advised for the most dreadful and formerly lethal complication of pregnancy.

Considering the great reduction in mortality following the adoption of this method the speaker thought it deserving of a fair trial.

The next subject discussed was the *obstetric forceps*. The numerous alterations and improvements in this instrument have still left the forceps far from being complete notwithstanding the fact that during the past two hundred years few accoucheurs of wide repute have neglected to "improve" the forceps. The Simpson forceps, the speaker thought, was more generally used abroad than any other, and is growing more in favor in this country. In certain cases, however, especially where the head is impacted in the pelvic brim, delivery by the Simpson forceps, or indeed any other known forceps, was found to be often difficult, sometimes dangerous, and even impossible. Tarnier's direct axis-traction rods are the most important modification of the forceps that has been devised within the past quarter of a century. The indications and principles governing the use of Tarnier's forceps were then pointed out and the drawbacks to the general use of the instrument were explained.

To overcome some of the disadvantages attending the employment of the Tarnier forceps, the speaker devised an instrument which was designed to do away with some of the objections. The instrument presented was a Simpson forceps practically unaltered, having the Tarnier axis-traction rods to be used or not at the option of the operator. By removing the compression screw and the handle to the traction rods, when the head is low down, without removing the forceps from the head, delivery may be completed by the unaltered Simpson, thereby subjecting the perineum to as little risk as possible. This instrument combines in the least complex and most practical manner the Tarnier and Simpson forceps, giving either one or both in the same instrument.

The speaker next exhibited *Braun's Decapitation Hook*, which he considered a very useful and effective instrument for this fortunately rare operation.

Turning from this subject, the speaker next exhibited a cleanly and inexpressive glass tube for intra-uterine or vaginal douche upon the puerpera. This tube was extensively used in Germany and in the Rotunda hospital of Dublin. It possessed the advantages of being cheap, simple and effective.

Attention was next called to Schultz's method of artificial respiration in the treatment of asphyxia neonatorum. The method is as follows: "Stand firmly with the body inclined forward, legs conveniently separated, and grasp the child from behind, about both shoulders, respectively by both hands, the indices hooking over the shoulder, the thumbs resting upon the anterior thoracic wall, the last three fingers lying obliquely from above downwards and inwards over the scapulæ. This position corresponds to the rest or pause after full inspiration. 1. Rapidly elevate the child at arm's length as the body is correspondingly erected, until the arms are about at right angles to the body, or somewhat above the horizontal. Then suddenly stop the upward movement in such manner as to cause the child to fall together upon itself, while the thumbs support the weight of its body by pressure upon the anterior thoracic wall. This position corresponds to the rest or pause after complete expiration, during which time fluids, mucus, &c., may escape, by gravity, from the respiratory passages. 2. Now lessening the thumb pressure on the chest and hooking the thumbs over the front of the shoulders, the child is rapidly *slung forwards* and *downwards* into the first position. And so the regular respiratory movements should continue in a rythmic manner until the object is accomplished or the case prove fatal."

The speaker next related two cases, occuring in his practice, of post-portum spontaneous expulsion of submucous non-pediculated uterine fibroids. These

cases are reported on account of their extreme rarity.

The speaker continued his report by directing attention at considerable length to the important method of diagnosis by abdominal palpation. By the aid of an excellent manikin of Budin and Pinard, the exhibition and explanation of the method of abdominal palpation was carefully and fully explained.

The speaker has recently translated M. Pinard's littled book entitled, "A Treatise on Abdominal Palpation as applied to Obstetrics and Version by External Manœuvres;" from which work those who desire to study up this subject can obtain full and valuable instruction in these methods of diagnosis.

(To be Continued.)

Observations on the Cutaneous and Deep Reflexes.—Dr. Philip C. Knapp, of Boston, records, in the April number of *The American Journal of the Medical Sciences*, a series of observations upon the cutaneous and deep reflexes of 239 persons, from which he draws the following conclusions:—

1. Absence of the plantar or cremaster reflex is usually pathological, depending upon a direct lesion of the reflex arc, or some cerebral disturbance.

2. Absence of the other cutaneous reflexes is not necessarily pathological.

3. Absence of the patellar reflex may be due to cerebral disturbance, especially in alcoholic subjects.

4. Ankle and patellar clonus are pathological.

5. The deep reflexes of the upper extremity are of frequent occurrence, and have no special pathological significance.

6. The costal reflex is found in the majority of cases without general exaggeration of the reflexes, and with no signs of phthisis, incipient or advanced.

7. When the reflexes differ on the two sides, though it usually signifies some unilateral disease of the nervous system, it is not always pathological.

Finally his observations have led him to emphasize the value of testing all the reflexes, cutaneous and deep, in the upper extremity as well as in the lower, and on the two sides of the body, in examining patients with nervous diseases.

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BALTIMORE, MAY 16, 1885.

Editorial.

Medical Education, or Hints to Medical Students.—Education is a matter of perennial interest, at all times and in all places, *semper et ubique*, among civilized nations. It begins with the infant mind, like an inscription upon a clean sheet of paper, and from small beginnings, as upon a small subject, develops into an expansion to which it is difficult to set limits. What is its end and aim? Simply to make good men, and women, good citizens, and to qualify people fully for the duties of their stage of life. It applies to both mind and body. It ought to make men good mechanics, farmers, and sailors, as well as lawyers, doctors and preachers. It ought to be directed from a pretty early time to the end in view. Lord Collingwood used to say that boys intended for the naval career ought to begin their sea life at thirteen years of age. His object was certainly not to make learned scholars of them and fancy sailors in buttons and epaulets, but capable seamen, who could manage ships ably in storm or battle, even if they knew no language but their mother tongue, and the technical language of the service. The moral of which observation is that a man ought to be educated to his business.

And what of medical education? If a boy of thirteen, or say of sixteen years, with fair development mental and physical, has an inclination for medicine, we should say superadd to his good English education, which should be already acquired, some knowledge of Latin and

Greek, and the German or French language. Then a preparatory course of one year at Johns Hopkins University might be taken to give a good insight into chemistry and biology. After that, three years at a good medical school, attending lectures, clinical and didactic, reading and dissecting. After that, a year, more or less, at a post-graduate or polyclinic school, taking practical instruction in one or various courses.

Some critics are disposed to depreciate the medical schools and didactic lectures, but this is a great mistake. The lecturer is habitually well read and well experienced in the branch which he professes to teach, and he can orally supplement a great many deficiencies which are in most text-books. But reading the text-books in connection with the lectures gives the pupil double opportunities to become proficient. And moreover the various professors give method to studies, which is much better than desultory reading without guide—so to speak, without chart or compass. A very important advantage at the medical schools is obtained in bringing young men for several terms into an atmosphere of medicine, so that its branches are canvassed and recanvassed by the students among each other until they become thoroughly imbued with its lore and progress. Besides this, they make acquaintance with men in their own profession, who, though scattered over the world, retain for life their early friendships.

Is the whole order suggested herein necessary to make a successful and respectable physician? By no means. A good English education, good sense, and industry will supplement, to a great extent, deficiencies in higher education. Without these elemental qualifications no man is fit for a learned profession, especially for medicine, which cares for the life and health of whole communities. With them the young man many reasonably hope for an honorable and successful career, even if he be not an accomplished scholar or scientist. Scholars and scientist the profession must have in the van, but the body of workers who follow are not less useful in working for the common good: nay, it often happens that the learned scholar is not so good a practitioner as the honest and laborious bedside worker. There are professed medical scholars who are as unsuccessful in practice as the learned lawyer Blackstone was when seated for ten years on the judge's bench; his decisions with all his technical knowledge were more often reversed, it is said, than those of most of the other judges of his day.

A man withal may be a great reader without being a great, or even a good student. As the late Professor Chew, of the University of Maryland, remarks in his most intructive little work on "*Medical Education*," (Lindsay & Blackiston, publishers): "There are other modes of study besides reading, and without which reading is but of small value; and it is quite possible and quite common to read abundantly and superabundantly and yet not study at all."

This is a very suggestive idea either for the student or the doctor of medicine. Without good, earnest reading the doctor, however practical, will be but an ignoramus, but if he reads without reflection, and especially if he expects reading to make him a capable physician without close clinical observation, he will make an egregious failure. The two, reading and practice, must be intimately interwoven.

Withal, unfortunately, the profession is getting overrun with redundant learning which in many cases has no bearing upon practical medicine, that is, upon curing human maladies, and we all have to plod through a great deal of learned verbiage to get a practical idea that might be, and probably has been previously, much more simply and clearly expressed.

Finally the student, or the doctor, while he gathers up all that he can from the wisdom or experience of others, will find that he has to trust largely to his own careful observation and judgment, first trained by books and schools, and then matured by personal experience.

The Annual Meeting of the State Faculty.—The eighty-seventh annual meeting of the Medical and Chirurgical Faculty of Maryland, which has been in

session in this city during the present week, has not fallen behind its predecessors in point of interest and importance. The attendance on the meeting was not only creditable but the matter presented for consideration was, upon the whole, of interest and average merit. The highly interesting and instructive address delivered by the President "On the Origin and Diffusion of Cholera," has a peculiar value at this time, and is worthy of careful study and consideration. A careful and painstaking review of the subject of cholera is an appropriate theme for attention at a time when the shores of our own country are in danger of an early visitation. The President has condensed the literature and history of this disease into a practical and available shape for study. His suggestions looking to a preparation for the possible outbreak of cholera in the Atlantic cities are in keeping with those which have been advocated in the columns of this JOURNAL. He shows that quarantine is of little value in arresting the progress of cholera, and that our safety lies in cleanliness, municipal and domestic. The proper time to fight this disease is the present, and the medical profession should at once enforce upon the public, by the weight of its influence, the vital importance of observing all the hygienic precautions available. By proper sanitation our city can be made unassailable by this disease. The suggestions of the President are entitled to eminent consideration. We commend them to our readers.

The annual oration delivered by Prof. N. H. Martin was a finished and scholarly effort. To those of us who are engaged in the hand-to-hand fight with disease, the suggestions of the scientific investigator are full of encouragement. From this source we draw inspiration and strength, and are made to feel our indebtedness to those busy workers who quietly unravel the problems that advance our art. The debt which the practitioner owes to the chemist, to the physiologist, to the pharmacologist and to the pathologist is as deep and binding as that which the trained soldier owes to the commissariat or to the department of ordinance. We should properly recognize this obligation and give our encouragement and support to those who thus work for us. The debt we owe to the vivisectionist is one we cannot underestimate, and yet we see these men assailed and abraided for their efforts to advance scientific knowledge. We regret to say that members of our own profession have joined in the hue and cry of the sentimentalist against these workers. We ask thoughtful men, how can this prejudice exist in the face of the facts which are known to every student of medical science? We invite attention to Prof Martin's able and earnest argument as presenting a calm, humane, and intelligent view of this question. The Faculty is to be congratulated upon having so valuable and instructive a paper for its volume of Transactions as the one contributed by Prof. Martin.

Miscellany.

HOT WATER AND HÆMORRHOIDS.—Dr. W. H. Bennett, of Brooklyn, N. Y., writes to the *Medical Record:* "Of late it has been the rage to drink hot water before breakfast by the pint, and even by the quart, or more. The list of diseases which such a treatment will cure is claimed by those who enthusiastically practice it to be unusually long. I am afraid some one among the profession have been deceived in this matter as well as many of the laity, and the eyes of both have been closed to the harm that might result from such treatment, *long continued.* In certain diseases of the stomach, and possibly of the first few feet of the upper bowel, copious draughts of hot water may do great good, as in gastric ulcer and gastric catarrh. But on the large intestine, especially on the rectum, the effect is not salutary, for the water cannot reach these latter parts *hot*, and its ultimate action is to debilitate the muscle and to relax the mucous membrane. Several cases of hæmorrhoids and prolapse of the rectum have come under my notice which first appeared after a few week's use of hot water internally. On imbibing hot water in large quantities the general cir-

culation is perceptibly stimulated, but it soon becomes sluggish in those parts not brought in immediate contact with the fluid, and the tissues become œdematous and overstretched, then relaxed and flabby."

The Combined Administration of Belladonna and Iodide of Potassium.—Aubert ("Lyon méd.") affirms that the headache and coryza experienced after taking large doses of iodide of potassium may be entirely prevented by the judicious use of belladonna. In the case reported, eighty grains of the iodide were given daily, one grain of the extract of belladonna being administered in the evening. After a few days, the writer states, it is possible to suspend the use of the latter drug without any danger of a recurrence of the iodism.—*N. Y. Med. Jour.*

Report of a Case of Partial Pylorectomy.—Dr. J. Spear, of Cumberland, Md., reports, in *The American Journal of the Medical Sciences* for April, 1885, a case of partial pylorectomy in a blacksmith, aged 40, who suffered from cicatricial stenosis of the pylorus. The operation was a modification of Billroth's, and required one hour and a half for its performance. The tumor was not adherent. Death ensued in two and a half hours, from collapse. In the opinion of Dr. Spear the case was an eminently proper one for operation, but it should have been performed at an earlier period in its history.

Laryngeal Hemorrhage.--The name laryngeal hemorrhage is used for a variety of affections which differ widely in regard to cause, nature of the disease, and severity of the symptoms, and have in common only the effusion of blood into some part of the larynx.

Dr. J. W. Gleitsmann, of New York, in a paper in *The American Journal of the Medical Sciences* for April, proposes to designate by the name laryngitis hæmorrhagica, such effusion of blood on the free surface, or under the epithelium of the mucous membrane, which are of a so-called idiopathic character, and not due to any constitutional disease or traumatic origin. He records a case of this character, and analyzes those that have been heretofore recorded. He finds that in exceptional cases only is hemorrhage from the larynx a precursor of phthisis.

Three Cases of Tubal Pregnancy Successfully Operated Upon.—In the *British Medical Journal*, April 18, 1885, Mr. Lawson Tait gives the notes on three cases of tubal pregnancy successfully operated upon at the period of rupture. These complete a series of nine cases on which he has operated with only one failure. They are sufficient to prove that these cases may be treated with success by the improved proceedings adopted in abdominal surgery in the last few years.

Milk as a Vehicle for Iodide of Potassium.—Dr. E. L. Keyes, in *New York Medical Journal*, speaks highly of milk as a vehicle for the administration of iodide of potassium. He says that in cases where a large quantity of the drug has to be given, he has found that the stomach does not rebel when milk is used as the vehicle. Ten grains or more of the iodide in a gill of milk make a palatable drink and impart only a mild metallic taste to the fluid, which most patients find not at all disagreeable.—*Louisville Med. News.*

The Way to Make Society Work a Success.—If the affairs of this society are wisely, judiciously and impartially administered, if no favoritism is shown to individuals in the selection of men to fill important offices except the favoritism which is rightly due to honest work well done, to faithful services rendered to the society, and above all to undoubted ability in those selected for their respective offices, if these are the motives which are to guide the managers of this association, and if the rank and file of the society will lend their helping hand and contribute their quota of work to the common store, then there can be no question that our future will be a brilliantly prosperous and successful one, and the good work which the society is founded to carry on will redound to the

credit of each individual member and be of incalculable benefit to the whole human family. This and nothing less than this will justify our existence as a society.—*Dr. Alfred Meadows' Inaugural Address before British Gynecological Society, Brit. Med. Journ.*, March 28.

Cold Climates in Phthisis.—Many people still cling to the idea that cold is injurious and warmth curative in phthisis, but this idea is quite incorrect. Another idea that equable climates are the best in the treatment of phthisis, should likewise be much restricted. The most important point of all good climates in phthisis, as we have said before, is the purity of the air. This is to be found, first, in elevated regions; second, in the desert; third, on the sea. The first two are usually considered under the great division of inland climates; the third under marine climates.—*Dr. Herman Weber, Croonian Lecture, Brit. Med. Journ.*

Death of Dr. S. H. Halley.—Dr. J. E. Copeland, of Rectortown, sends the following obituary notice: Dr. Samuel H. Halley died in Rectortown, Fauquier Co., Va., on the 5th of March, 1885, in the sixty-third year of his age. He was born in Rappahannock Co., Va., and soon after graduating from Jefferson Medical College in 1848 located at Rectortown, and actively engaged in practice until a few years before his death. Warned by the rapid failure of his health he submitted to the operation of lithotomy. The stone weighed three ounces five drachms troy. Though greatly benefitted by the operation he was never afterwards able to engage in practice.

Dr. Halley was a successful practitioner, a man of strong convictions, warm-hearted and impulsive, indulgent to his family, kind and accommodating to his friends, and hospitable to strangers.

The Treatment of Intestinal Invagination by Washing out the Stomach.—Prof. Kussmaul has done this in several cases, and has almost always found the relief to be immediate and lasting; the treatment being specially applicable to cases where, the exact position of the lesion not being known, more energetic operative interference is inadmissible. The chief advantage of removing gas and fecal matter from the stomach is, that more room is thereby attained in the abdomen; and the digestive tract, being relieved from distention in its upper part, can more readily overcome the pressure and displacement at the seat of invagination. The exaggerated peristaltic action, too, is reduced to the normal, and an increase of the evil thereby avoided. If morphia have not already been administered, it is well to preface the operation with a subcutaneous injection; but it is found that the passage of the soft tube, which ought to be employed, causes less distress than the vomiting and straining induced by the lesion.—*London Medical Record*, Feb. 16, 1885.

Medical Journal Addresses.—We have just received from the illustrated Medical Journal Co. of Detroit, Michigan, several sets of their Perforated, Adhesive Medical Journal Labels. The list includes besides the journals of the United States that are devoted to Medicine, Pharmacy and Hygiene, those of the Provinces of Canada as well. Four complete sets will be mailed post-paid for fifty cents on addressing the publishers above named. They are just what every physician needs for addressing his reprints for journal notice, and medical colleges for addressing their announcements for a similar purpose.

Medical Items.

At the recent meeting of the Tennessee State Medical Society, the officers elected were as follows: President, Dr. Thomas L. Maddin, Nashville; Secretary, Dr. C. C. Fite, Nashville; Treasurer, Dr. Deering J. Roberts, Nashville.

The medical profession in Great Britian and Ireland only numbers twenty-five thousand registered members, of this number one thousand are said to "total abstainers."

Cholera is prevailing in Calcutta to an alarming extent.

The Illinois State Board of Health has recently passed the following resolution:

Resolved, That, in order to secure the recognition of its diplomas as in good standing for the purposes of the Medical-Practice Act in this State it is necessary that each college shall distinctly state in its annual announcement that the conditions of admission to its classes are: 1. Credible certificates of good moral character. 2. Diploma of graduation from a good literary and scientific college or high school, or a first-grade teacher's certificate. Or, lacking this, a thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy.

The widow of Ex-Governor E. D. Morgan, who died recently, bequethed the sum of $20,000 to the New York Woman's Hospital and $5,000 to the Home for Consumptives.

The Pennsylvania State Medical Society will hold its thirty-sixth annual meeting at Scranton on May 27th, 28th and 29th.

The Kentucky State Medical Society will hold its annual meeting at Crab Orchard Spring on June 24th, 25th and 26th.

Dr. Rouxeau has been appointed Adjunct Professor of Anatomy and Physiology to the École de Médecine of Nantes.

MM. Violet, Mathis, and Faivre, of the Ecole Vétérnaire of Lyons, have succeeded in several instances in producing cancer in the lower animals by inoculation.—*Med. Record.*

The amendment to the by-laws of the American Medical Association to create a Section in Laryngology, proposed last year, was taken from the table at the late meeting of the Association, and, after some discussion, was indefinitely postponed.

Dr. E. W. Anderson, a leading citizen of Accomac County, Va., died last week.

In hæmoptysis, when the usual remedies, as ergot, gallic acid, etc., have failed, Professor DaCosta advises the use of the tincture of matico, in doses of 3 ss. to 3 j., every two or three hours. —*College and Clinical Record.*

It is stated that Prof W. H. Pancoast has announced his intention of resigning the Chair of Anatomy in the Jefferson Medical College at the expiration of the next term.

The British Gynecological Society intends starting a Quarterly Journal, and expresses a hope that in time it may become a bi-monthly.

The Washington Training School for Nurses held the graduating exercises of their fourth class of trained nurses in Columbia University on May 11th. The opening address was delivered by Prof. Wm. Lee, M. D., of Washington.

It is stated that Dr. Schweninger, Bismarck's protege, is arranging a mammoth joint-stock company to erect and manage a big sanitarium at Braunfels for the purpose of curing patients after his own method.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from May 5, 1885, to May 11, 1885.

Major James C. McKee, Surgeon. Sick leave of absence still further extended four months on surgeon's certificate of disability.

Major Jos. H. Bell, Surgeon. Ordered for duty as member of Army Medical Examining Board, New York City, N. Y.

Capt. Wm. G. Spencer, Assistant Surgeon. From Dept. East to Dept. Dakota.

Capt. Louis Brechamir, Assistant Surgeon. From Dept. East to Dept. Platte.

Capt. Wm. B. Davis, Assistant Surgeon. From Dakota to Dept. East.

Major George M. Sternberg, Surgeon. Detailed to attend, as a delegate on the part of the Government of the U. S., the Sanitary Conference to be held at Rome, Italy, on May 15, 1885.

Major Justus M. Brown, Surgeon. From Dept. East to Dept. Platte.

Capt. Calvin DeWitt, Assistant Surgeon. Ordered to Dept. East.

Capt. Stearns G. Cowdray, Assistant Surgeon. Assigned to duty as Post Surgeon, Fort Bliss, Texas.

Capt. A. A. DeLoffre, Assistant Surgeon. Assigned to duty at Fort Sissetor, D. T.

1st Lt. M. C. Wyeth, Assistant Surgeon, Ordered for temporary duty at Fort Wadsworth, N. Y. A.

Original Articles.

THE BASAL PATHOLOGY OF CHOREA.*

BY H. C. WOOD, M. D.,

Clinical Professor of Nervous Diseases in the University of Pennsylvania.

I have come to some definite conclusions concerning the basal pathology of chorea, which I should be glad to communicate to the College, and give the grounds for my belief.

The first point which I wish to make is, that the term chorea is simply one which is analogous to the term paralysis, and that the choreic movement is no more the same thing, necessarily, in its basal pathology, than is palsy the same thing in its basal pathology. When we come to study the various forms of disease closely connected with the choreic movements, we find, in the first place, the so-called cerebral or post-hemiplegic chorea, in which, after cerebral palsy, there appear violent convulsions with choreic movements. The seat of this lesion has been assigned by Professor Charcot to the corona radiata, near the lenticular nucleus; and there have been a number of post-mortems made which verify this view of its location. There can be no doubt that, in many cases, the lesion is situated in this position; but, on the other hand, it is equally certain that there have been cases of so-called post-hemiplegic chorea in which the lesion has been in the external capsule and in the cortex. We may, therefore, say that this post-hemiplegic chorea is associated with various lesions in the brain, so far as seat is concerned.

Then, again, there has been reported in the *Compt. Rend. Société Biologie*, of Paris, a case of typical post-hemiplegic chorea, having absolutely all the features of organic hemiplegia with chorea, in which the most careful examination made by thoroughly competent persons failed to show any lesion whatsoever of the brain. As there had been a previous history of hysteria, the patient dying of pneumonia, we are forced to the conclusion that we may have post-hemiplegic chorea, which is without lesion, and hysterical in its nature.

When we come to study the more general forms of chorea, leaving out of sight for the present the chorea of childhood, or St. Vitus's dance, we have a chorea which is plainly hysterical; we have the electric chorea of the French, which I believe to be another form of hysterical chorea. We learn that, therefore, we may have a chorea dependent upon lesion of the brain, which also may have various seats, or we may have a chorea independent of any lesion whatsoever in any portion of the nervous system.

When we come to study chorea of childhood, we find that the pathology is perfectly parallel to that of the other forms of chorea. We have a large number of reported cases in which the lesion was evidently capillary embolisms of various portions of the brain, especially of the corpora striata and optic thalami, but also in other portions. We have other cases in which no lesion was to be found. Then we have recent cases, especially reported by Dickinson and Ross, in which serious lesion was found in the spinal cord. The clinical history of chorea in childhood also shows conclusively, to my mind, that it may exist without any organic lesion which can be detected. We have it developing in a moment from emotion, passing off in a few weeks, and affected immensely by a few doses of arsenic or other agencies which would be powerless to affect any severe organic lesion.

So far as the study of the disease in the human subject is concerned, I think that these remarks sum up all that we can reach to, namely, that we may have chorea with various lesions and without lesions.

I have been much interested this winter in studying chorea in the dog. I found that, by offering a small sum of money, I could obtain all the choreic dogs that were needed. I made a care-

*Read before the College of Physicians of Philadelphia.—Stated Meeting held May 6, 1885.

ful study of the subject. It has been affirmed that chorea in the dog is different from chorea in the child. The great reason for believing that the disease is distinct is, that in the dog the movements are chiefly rhythmical, whereas in the child the movements are not usually rhythmical; but I have seen dogs with absolutely arhythmical chorea, and with all the awkwardness of chorea of children; and, occasionally, we have more or less of the rhythmical type in children. When we come to look at the points of resemblance in the two diseases we find, in the first place, in each case it especially affects the young animal. In the second place, that in each case the disease is associated with a constitutional disorder—distemper in the dog, rheumatism in the child. In the third place, the symptoms are exactly analogous, except that there is more tendency to rhythm in the one than in the other. In the fourth place, the clinical experience of veterinarians and physicians has led to the same result, namely, that arsenic is the best remedy that is known for chorea in the dog, and that it is the best that is known in the child.

Unless, in the case of a contagious disease, where you can pass the disease from one animal to another, it is manifestly impossible to be perfectly positive that a certain disease in the animal is the same as a certain disease in the child; but, when you find the habit of the affections the same, the symptoms parallel, and the therapy identical, you have as good reasons as can be possibly assigned for believing that the diseases are closely similar. It is, however, not necessary for my present purpose to take it for granted that the diseases are the same.

When I came to study chorea in the dog, the first point to settle, was the seat of the lesion. I therefore cut the spinal cord so low as not to interfere with breathing. I found that, invariably, the choreic movement continued after section. Before the section the motions of the front and hind legs were synchronous; that is, a wave of motion starting in the front paw would pass down the hind foot; but after the section this synchronous movement was wanting. The hind legs were completely isolated from the upper portion of the nervous system, and yet continued to exhibit the choreic movements, proof that the movements originated in the spinal cord. I therefore had my search for the seat of lesion narrowed down to a small fragment of nerve-tissue. I found that not only did the movements originate in the spinal cord, but that they originated in all probability, in the motor cells, because when I galvanized the bared sciatic nerve, although the animal exhibited no signs of pain, the movements in the hind leg were at once inhibited. The galvanism of the sciatic nerve could only affect the motor cells. Therefore I came to the conclusion, physiologically, that we had to do here with movement which originated in the motor cells of the spinal cord.

The next step was to examine the cord. Gowers and Sankey found in the cord a peculiar infiltration with leucocytes, and they came to the conclusion that leucocytal infiltration was the basal pathology of this disorder. Gowers had previously examined a cord without finding this condition. I examined a spinal cord and thought that I had found Gowers's lesion, but I was careful not to say so positively, because I had a suspicion that what was supposed to be a lesion was simply a peculiarity of the dog's cord. When I examined the cords of healthy dogs I found the same leucocytes. I do not say that what I saw was the same as the condition described by Gowers.

When I first examined the cord I perceived nothing wrong beyond what has been noted, but, bye-and-bye, as I began to study the specimen more and more closely, I found that the motor cells refused to take the carmine and hæmatoxylon staining as they should do. Then I remembered that I had killed the dog early in the disease. Then I took the cord of a dog which had died of the disease. Under these circumstances the lesion in the motor cells was very marked. They were crumpled up, the processes were gone, and the nuclei had disappeared. They were merely masses of

matter, taking very little staining, just enough to show that they were protoplasmic. As I killed dog after dog in different stages, I found that the motor cells were to be noticed in all stages of degeneration. First, the perfect cell, then the cell which stained badly, then one with nuclei disappearing, the margins becoming obscured, the processes dropping off, and opacity occurring; and, finally, the irregular protoplasmic balls. In a few cases I noticed peculiar degeneration, *i. e.*, the formation of vacuoles in these cells. A change, then, in glanglionic cells is what I believe to be the basal lesion of chorea.

It so happens that, some years ago, Putnam, of Boston, studied chorea in the cat. In the first case he found no lesion, but in the second he found the lesion which I have described. The important point is, that he found that this lesion pervaded not only the spinal cord, but the whole nervous system. We all know that the choreic movement is only a part of the symptoms of the disease, and that the moral and intellectual part of the child also suffers. I believe that in children we have an altered condition of the ganglionic cells. The reason that no lesion is found early is, that the disease is at first functional. It is not necessary that I should call attention to the fact that there is no such thing as iuntional and organic disease. The line which we draw is a purely arbitrary one; for, the moment there is altered function, there is altered protoplasmic change, and, when there is altered protoplasmic change, there is altered nutrition, and then organic disease. Our microscopic eye is so blind and gross that it cannot see these fine changes until they become so distinct that we can detect them, and then we say that organic disease exists.

The history of chorea I conceive to be this: Owing to emotional disturbance, some stopping up of various vessels of the brain, or sometimes to the presence of organic disease, now this cause, and now tnat, there is an altered condition of the ganglionic cells throughout the nerve centres. If the cause is removed, and the alteaed condition of the nerve cells goes only so far, it remains what we call a funtional disease. If it goes so far that the cells show alteration, we have an organic disease of the nervous system.

The capillary emboli, the clots, the tumors, and the various gross lesions which have been found in chorea, are not, in my opinion, the basil lesion, but the cause which produces these changes in the cells which are at the bottom of the choreic movements.

(A number of micro-photographs were exhibited.)

DISCUSSION.

[After the reading of the preceding paper:—]

Dr. S. Weir Mitchell said: Did I understand Dr. Wood to say that he considers the lesion of the spinal cord as essential to the production of chorea, or does he think that there may be chorea dependent upon a descending lesion? I hope that Dr. Wood will take an opportunity of exhibiting the specimens which will give us a better idea than the photographs.

Dr. Wood.—In my detailed account, I shall give cases in which descending degeneration is present.

Dr. Osler.—I might be allowed to say a few words on the subject, as owing to the kindness of Dr. Wood I had an opportunity of examing these specimens. I cannot say that the specimens carried as much conviction to my mind as have the words of Dr. Wood, to-night. At the same time, the changes which he has described are undoubtedly present. The only question is as to the interruption of these appearances; whether they are really the result of the disease, or whether they are the result of methods of preparation, is extremely difficult to determine. In regard to presence of vacuoles, they have been seen and described before.

We all know that the appearances in the nerve-cells of the cord are, above all other things, most deceptive. It strikes me that these appearances are not altogether conclusive to prove that Dr. Wood has arrived at the true essence of the pathology of the disease.

Society Reports

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

STATED MEETING HELD APRIL 15, 1885.

(*Specially Reported for the Maryland Medical Journal.*)

The Society met with President, DR. W. W. JOHNSTON, in the chair, DR. MCARDLE, Secretary.

Dr. J. Ford Thompson read a paper on

HERNIOTOMY,

and presented a specimen.

G. W. F., æt. 45; carpenter, admitted into Garfield Memorial Hospital, Aug. 23, 1884.

For twenty-three years has had right scrotal hernia of considerable size, reducible, but difficult to retain by truss.

Whilst at work yesterday morning, lifting heavy timber, he felt a sudden pain in the right groin, and very soon after he noticed that the scrotum was very large, hard and painful.

Upon examination I found the scrotum of the size of a large cocoanut, looking more like a hydrocele or hematocele than a hernia. The testicle lay at the bottom of the tumor, and free. There was no impulse imparted to the tumor upon coughing; it was opaque, obscurely fluctuating at points, more marked in front; but posteriorly it appeared solid, and this indurated mass could be easily traced upwards to the external ring. His suffering was entirely local. There were no symptoms of strangulation; only those of slight inflammation of the parts involved. Pretty good appetite, bowels open, no nausea.

Aug. 24.—Explored the tumor with small trocar and canula, and drew off a small quantity of bloody serum. I was surprised that there was not more fluid discharged. I next used the taxis, but without any effect whatever. I applied a Martin's bandage tightly so as to compress the entire tumor, with no better success.

From Aug. 25th to 30th the patient was kept in bed, and cold cloths applied to scrotum, which continued in about the condition described. No unpleasant symptoms.

Aug. 30th.—Removed through canula ten ounces of reddish looking serum, after which the hard mass could be easily traced. It was very hard and in large quantity. The patient expressed himself as being much relieved by the operation, but in two days it was quite as full as before.

Sept. 1.—About the same quantity of fluid drawn off in the presence of Drs. May and Garnett, and another attempt at reduction made with the same result. By the 3rd it had refilled.

Sept. 4th to 22nd.—About the same.

Sept. 23.—Consultation with Drs. May, Lincoln and Garnett. The tumor punctured and sixteen ounces of fluid of a lighter color withdrawn. The solid part remained in the same condition as at previous tappings.

This consultation was for the purpose of considering the propriety of an operation, which I favored, at least so far as exploration of contents. It was pretty well agreed that the case was one of irreducible hernia, mainly omental, with effusion into the hernial sac. It was left for the operation to clear up any doubtful point of diagnosis.

Sept. 26th.—I performed the following operation in the presence of the staff of the hospital, Dr. McArdle being also present, assisted by Dr. Cutts, the house physician.

I first made an incision of about three inches, in front, and upon reaching the sac, found that it was strongly adherent to solid contents. I separated the tissues and enlarged the incision up and down, in doing which I entered the part of the sac distended with fluid and about the same quantity was discharged as had been drawn off by the tappings. I found very strong adhesions, particularly above and posteriorly. The separation of these adhesions had to be done with great care as I was fearful that I might encounter adherent intestine. When I had succeeded in reaching the external ring, which was very large and completely filled with what appeared to be hardened omentum, I proceeded to

examine with more care the enormous mass of tissue before me, and which I had to dispose of to the best interest of the patient. At the external ring it was very hard and unelastic, as large almost, I should think, as my wrist, and strongly adherent to the margins. The enlarged mass below, at points, was so much like altered intestine, as you will see from the specimen, that we were several times embarrassed to decide upon its nature. This mass of omentum was carefully divided into several parts as high as the ring, each ligated with strong silk, the ends cut short and the tissue beyond cut away. This part of the operation received more attention probably than any other from the fact that we had in mind constantly the possibility of including a knuckle, or part of a knuckle, of intestine in the ligature. Before the ligature was applied and again before tightening it, the included part was examined with all possible care.

After thus removing the omentum by several ligatures, I dissected out the entire hernial sac, which was enormously enlarged and thickened, and cut it off just below the ring. I then, finding the cord very much elongated and the testicle somewhat enlarged, so decided at once, with the approval of Dr. Lincoln, to extirpate it, which was done in the usual way. I then next fixed a large drainage tube to the stump of the omentum, by a cat-gut ligature, and closed the neck of the sac around it. It is hardly necessary for me to say that the operation was performed with the strictest antiseptic precautions, the fluids being solutions of carbolic acid and of corrosive sublimate. Weight of tissue removed was three pounds thirteen ounces.

In the dressing iodoform gauze was applied over the wound and then cor. sub. cheese-cloth in large quantity, the whole being retained by a bandage so adjusted as to retain the scrotum well up over the pubis. Temperature 99.4° at operation.

For the history of the case, I shall do little more than transcribe from the hospital records.

Sept. 26th.—Passed fairly comfortable night without much pain. Urine drawn off by catheter. A dose of morphia had been given, and milk diet ordered. Temperature 103.

Sept. 27th.—Comfortable night; urinated freely this morning. Restless towards evening; dose of morphia. Temperature 103.4.

Sept. 28th.—Dressings came off this A. M. Scrotum inflamed and dischage of bloody-colored serum. Lead and opium lotion substituted for antiseptic dressing. Temperature in evening reached 104°.

Sept. 29th.—Restless, with some pain in scrotum and over lower portion of abdomen. Quin. sulph. gr. xv, at 2 P. M., and ¼ gr. morphia at night. Temperature 103.6.

Sept. 30.—About the same. Cavity thoroughly washed out with carbolic solution through drainage tube. Large enema given with no fecal discharge. Profuse sweat in evening. Temperature 102°.

Oct. 1st.—The same condition. Bowels moved night of the 2nd. Drainage tube removed. Discharge of considerable bloody-looking fluid which was of offensive odor. Quinine and morphia continued. Temperature fell to 99°. Following three days ranged from 101 to 102°.

Oct. 5th.—At my visit to the patient this morning I became very uneasy as to his fate, and expressed the opinion that unless some favorable turn should take place during the day he would not live twenty-four hours. His temperature had fallen to 97°. The discharge had increased and was very offensive. The urine was drawn and stimulants given freely, and gr. v of quinine three times a day. Cavity washed out.

At 5 P. M. it was discovered that the dressings were full of fæcal matter which had escaped from the scrotum. Upon hearing of this condition I felt reassured and expected a favorable change in the symptoms. The scrotum was washed and instructions given to keep the parts as clean as possible. He rested comfortably during the night. Temperature 98.6°.

Oct. 6th and 7th.—Dressings filled with fæcal discharge. One movement

of the bowels per rectum. Inflammation about the scrotum and ring much better. Considerable distention of abdomen by gas.

Oct. 8th.—Passed a good night. Several loose evacuations from bowels; abdomen less tense.

Oct. 13th.—Slowly improving in his general condition.

Oct. 14th.—Wound granulating nicely. Diarrhœa to-day.

Oct. 15th.—Fæcal discharge through scrotum much diminished, only watery portion with gas discharged.

Oct. 17th.—Discharge from scrotum has lost entirely its fæcal odor and appears to consist entirely of pus. Feeling comfortable.

Oct. 18th.—Small amount of fæcal discharge from scrotum. Appetite good; bowels open. Liquid diet continued.

Oct. 20th to 22nd.—Bowels loose and checked with diarrhœa mixture. Allowed to sit up and put on half-hour diet. Only gas escaping from wound, which is closing rapidly.

Oct. 26th.—Doing well. Considerable induration felt below external ring.

Oct. 27th to 30th.—Doing well. Discharge of gas stopped entirely.

Nov. 1st.—Searched for ligature or some other cause of suppuration, with forceps, through sinus but nothing found.

Nov. 2nd to 9th.—Doing well, but complained of burning sensation during micturition; urine very acid. The left leg, about which he had previously complained as paining him a little, was found much swollen at the calf and painful. Rubber bandage applied.

Nov. 10th to 17th.—Progressing favorably. I again explored the sinus with a polypus forceps and withdrew a large silk loop, it requiring considerable force to extract it.

Patient remained in the hospital till December 8th, when he was discharged cured.

I have seen him several times since. He continues perfectly well, without any inconvenience and has not worn a truss since, the ring appearing perfectly occluded. I should have said in the beging that the patient is a very large, fat man, weighing, at the time of the operation, considerably over two hundred pounds (and I would also say that the scrotal enlargement was greater than is stated in the record, *i. e.*, a cocoanut).

I do not think it necessary to discuss the questions whether the operation was necessary or justifiable in the light of modern surgery; for, although the man was not suffering from strangulation of the hernia, he had an incurable condition by any other means which unfitted him for any useful occupation and rendered existence a burden, besides exposing him to accidents by which his life might have been sacrificed. And the surgical procedure was scarcely more dangerous than the modern and successful operation of dealing with hernia, which cannot be retained by a truss.

As regards the castration, I thought then, and believe now, that it was the proper thing to do. The cord was much elongated and thickened, from which the enormous sac had been dissected, and the testicle was rather suspicious in appearance. Considering the inflammation and suppuration, with fæcal discharge, which followed, one can hardly doubt that the cord and testicle would have added to the gravity of the case if left.

I don't know that I can give a satisfactory explanation of the cause of the fæcal fistula. I think it is quite evident, however, that the intestine was not included in any of the ligatures, even leaving out of consideration the care taken during the operation to avoid this accident, for it is simply impossible that it could have occurred without giving rise almost immediately to symptoms of obstruction, none of which were present; but on the contrary there was free movement of the bowels without difficulty. My only explanation is that a knuckle of intestine was adherent to the omentum at the ring, or just inside, and that in the sloughing off of one of these ligatures, this process extended to the intestinal wall, thus opening it. The readiness with which it healed is also strongly in favor of this theory of the case.

Dr. Weir recently reported a case upon which he had operated successfully that

was somewhat similar to this. There was no castration nor fæcal fistula, but the conditions demanding the operation were the same. He excised 1½ pounds of omentum and stated that that was the largest ever removed so far as he could learn. The amount removed by me was at least double that in his case, and therefore probably the largest upon record.

True hydrocele of the hernial sac is exceedingly rare, Bryant stating that there are only six cases on record, but there is some doubt whether this case should be included in this interesting class, as the hydrocele appears to have been acute, and therefore would be called spurious, or acute, hydrocele of the sac, the true being reserved for the cases which present the ordinary history and course of hydrocele.

DISCUSSION.

Dr. Hamilton thought the case interesting and unique, and worthy of discussion. The great growth of the omentum and the history subsequent to the performance of the operation made the case somewhat remarkable. Every one must acknowledge the difficulty of diagnosis in such a case. The omentum would seem to have degenerated into a true lipomatous growth, Now as to the character of the fluid and the making of the diagnosis. In strangulated hernia there is oftentimes great effusion of bloody fluid. Extravasation is sometimes caused by taxis. It is rare to find it outside the sac. Hydrocele is found coexistent with hernia. Sometimes it is of the cord, and sometimes it is due to closure of the ring. The diagnosis may be made by drawing off some of the fluid with a hypodermic syringe. We can then judge of the characteristic odor of the fluid. Such an enormous growth as the one presented could not have been satisfactorily treated in any other manner than the one adopted. He had no doubt that the removal of the testicle was demanded by the exigencies of the case. As a rule, omentum should be returned in preference to cutting it off. It should be returned unless it shows signs of gangrene or is enlarged as in this case. As to intestine even when almost black, it may be returned with safety. He had recently performed herniotomy at Providence Hospital. Taxis was tried, but in vain. On making the usual incision from a pint to a pint and a half of fluid was found external to the sac. Again taxis was vainly tried. On opening the sac the knuckle of intestine was found to be almost black, but on dividing the structure a change in color took place. A drainage tube was then inserted, the wound closed by silver sutures, and a pad saturated in a solution of corrosive sublimate placed over it. In twenty-four hours a pint of fluid was withdrawn by pumping, and on the second day the drainage tube was withdrawn. The man recovered without a bad symptom.

Dr. Hamilton then gave some details of a case he had seen in consultation with Dr. Bayne. He believed in leaving the drainage-tube in position and pumping it dry as long as any fluid accumulated.

Dr. Garnett had performed herniotomy before the adoption of the drainage tube or Listerism. He recalled two cases of strangulated femoral hernia in females which recovered in two or three weeks. He thought it hazardous to use drainage tubes. They keep the wound open or at least the part they occupy, and when the wound was dressed antiseptically, they were worse than useless, as they would permit the entrance of air, etc.

Dr. Hamilton said that in his case the external air could only find entrance through the cotton wool or lint saturated with the sublimate solution.

Dr. Thompson, in closing the debate, said that if he could class this case with those reported of true hydrocele of the hernial sac, it would be rarer and more interesting. But as the symptoms in this case, as regards the hydrocele, appear to have been acute, he thought it better to call it acute or spurious hydrocele of the sac. He preferred to cut away the omentum when large in quantity or much congested as safer than reduction and besides the stump assists in closing the ring, thus aiding in the radical cure.

The sac should be tied and cut off, or properly sutured after being cut off, and the pillars of the ring freshened and closed to the requisite extent, preferably, he thought, with cat-gut sutures. He always used a drainage tube for twenty-four or forty-eight hours under antiseptic dressings. He would treat a case of strangulated hernia in the following manner: He would try taxis without an anæsthetic; he would next give an anæsthetic and again try taxis; failing, he would then perform the operation as before stated.

Dr. Smith thought the idea just advanced by Dr. Thompson too pronounced. In many cases, by merely washing, the hernia can be made to return.

Dr. Thompson thought he had distinctly said strangulated hernia with all its concomitant symptoms. After trying taxis he would operate immediately, especially in femoral hernia. Many times it may not be necessary to open the sac; but merely to divide the structure and return the hernia. When the sac contains bloody serum it should be opened.

Dr. Smith contended that every hernia not reducible by taxis showed symptoms of strangulation. He had several times succeeded with morphia and ice, though before their use he had failed with taxis.

Dr. Hamilton desired to call attention to the Heatonian operation, which consisted in injecting quercus alba. A surgeon in the Marine Hospital Service reported seventeen or eighteen cases operated upon and quite a number cured. He thought if the cases were properly selected and the sac or ring was not too large good results would be obtained. It is a comparatively simple operation and worthy of trial.

The specimen was referred to the Committee on Microscopy.

The discussion was closed and the Society adjourned.

The Sanitary Monitor is the title of a new monthly journal devoted to individual, family and public health, edited and published by Dr. J. F. Winn, of Richmond, Va., at the yearly price of $1.00.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING THURSDAY, APRIL 23, 1885.

The President, Dr. E. O. Shakespeare, in the Chair.

NOTES ON THE MORBID ANATOMY OF PNEUMONIA.

Dr. Osler read a paper summarizing his experience while Pathologist at the Montreal General Hospital. Of 105 autopsies in cases of lobar pneumonia, of which notes were available, 5 were discarded for various reasons. The mortality at the hospital is high on account of the large percentage of grave cases which are admitted, very many in persons debilitated and dissipated.

Of 100 cases, 70 were males and 30 females. Of 94 instances, in which the ages were given, there were eleven cases under 20 years; twelve between 20th and 30th; eighteen between the 30th and 40th; twenty-one between the 40th and 50th; twelve between the 50th and 60th year; twenty cases over 60. In 51 cases the right lung was affected; in 32 the left; in 17 both. Other details were given of the various lobes affected. The heaviest lung weighed was 2303 grammes, and in eight instances the affected organ weighed over 200 grammes. In about 50 per cent. of the cases there was red hepatization; in 30 per cent. mixed red and grey, and in about 20 per cent. grey hepatization. The condition of the pleuræ, air passages, bronchial glands and unaffected portion of the lung tissue were described. Among the termination there were four instances of abscess formation, three cases of gangrene, and one in which there was a process of fibroid induration beginning in the lung. This case was a man aged 55, admitted with pneumonia of the right lung five days after the initial chill. Resolution did not occur, and he died in the fifth week. *Post-mortem.* The right lung was found solid, greyish in color, and in many areas the tissue had a smooth homogeneous translucent aspect, and in these a fibroid change was going on; the alveolar walls were thickened

and the fibrinous plugs in the air cells seemed undergoing transformation into connective tissue. (A slide was shown illustrating this). There were no caseous portions and no tubercles.

As to other organs, the frequency with which large firm clots were found in the heart was specially dwelt upon. In only 35 instances was the spleen much enlarged. In one it weighed 670 grammes. In 25 per cent. there were marked fibroid changes in the kidneys. Of the complications, there were five cases of pericarditis and sixteen cases of endocarditis. In eight instances the meninges of the brain were inflammed, in five of them associated with ulcerative endocarditis. In five instances there was acute croupous or membranous colitis, and, in one instance, croupous gastritis.

Dr. Tyson, in the discussion of Prof. Osler's paper, said that he had been rather incredulous of the termination of croupous pneumonia in fibroid induration, but the specimen exhibited by Dr. Osler demonstrates conclusively that such a condition exists. The facts presented in the paper are such as are not generally collated. Collective reports, of autopsies in cases of particular forms of disease, would be of great value in the study of pathology.

Dr. Formad asked Dr. Osler why his was not a case of acute phthisis. Croupous pneumonia is a very common accident in acute phthisis.

It is croupous pneumonia which causes death, which is well shown by recent investigations of Mercur of the University of Pennsylvania.

Dr. Formad did not believe that croupous pneumonia can last five weeks.

Dr. Shakespeare said that the remarks of Dr. Osler about the frequent existence of very firm clots in the right heart, extending into the ventricles, can be corroborated by any one who makes autopsies of cases of pneumonia at hospitals. He had seen them in cases of phthisis quite as extensive and firm reaching into the vessel going to the affected part of the lung. It is interesting to note the systemic involvement of these cases of croupous pneumonia, and the affection of internal organs as well as lungs in the process which has been regarded as a local disease. We have to do with a general, wide-reaching affection rather than local inflammation. The opinion was advanced by Dr. Osler that the exudates in the air cells organized, that the process in the organization of the croupous exudate is similar to that in the clot in arteries after ligation, and that comparison was the point which Dr. Shakespeare wanted to bring out. Dr. Shakespeare said that he did not believe that a blood clot in a vessel ever organizes, and his opinion is based on facts detailed in an investigation which he has published on the healing of arteries after ligatures. The vessel healed, not by the agency of the white cells caught in the meshes of the reticulum, but by proliferation of the endothelium of the tunica intima and subjacent connective tissue cells.

He thought there was reason to believe that there is in this process in the lungs, an analogue of the process after ligature.

We have to do with an outgrowth of the inter-alveolar walls. The ground which Dr. Shakespeare takes is purely that of analogy to the process in a blood clot in a ligatured artery.

Dr. Osler, in closing the discussion, said that it was well-known that a croupous pneumonia might persist five or six weeks, or even longer, before resolution took place. It was difficult for any one who had not had the experience, to realize the anxiety which such a case would cause. He had reported two such cases of delayed resolution, one in the fourth week and one in the eighth, both with perfect recovery. He was quite aware of the difficulty in distinguishing certain cases of acute phthisis from pneumonia, and had seen a case, with Dr. Ross, in which the diagnosis was for some time in doubt, but in the case in question, the person had been under observation from the outset, and the symptoms were those of ordinary pneumonia. *Post-mortem.* There were no caseous masses, no miliary tubercles, only the condition already described. The termination in fibroid induration, though rare, was perfectly well recognized.

In Cornil and Ranvier's Manual, as well as in Green's Pathology, was a figure which might have been taken from the slide under the microscope.

Dr. M. H. Fussell, of Manayunk, presented specimens from a case of

PRIMARY TUBERCULOSIS OF THE KIDNEYS.

The reporter never saw the subject alive from whom the specimens were removed, having performed the post-mortem for a friend.

Case of Edward B., æt. 40; single; by trade a papermaker. In following his calling he was forced to stand in a dust-loaded atmosphere from morning until night. He worked at this trade from boyhood, steadily, with the exception of four years during the late war. His grandfather died of bladder trouble; his father died of apoplexy; his mother, brothers and sisters are all living and healthy. He was always a robust man; his weight was 170 lbs, and he never had any serious illness; he had gonorrhœa during the war. Four years ago, while in camp, he made a mis-step and fell. The next morning he passed much blood in his urine; previously to this he was perfectly well. From this time until death he was troubled with slight pain in his loins and with frequent micturition; his urine was sometimes bloody, sometimes milky. The patient's bladder became incontinent, and he was forced to wear a urinal.

The patient's general strength did not seem to suffer until the past six months, when he began to lose flesh and strength, and at death he was much emaciated. He had never had any cough or diarrhœa. Two weeks before death he began to vomit; this increased in frequency until he was unable to retain anything on his stomach. Just before death breathing was rapid and full. The patient was very restless, vomited, and passed urine freely. The pupils were dilated.

Dr. Fussell examined the urine several times. The sp. gr. ranged from 1,002 to 1,000. Large amounts were passed. Albumen was present. The microscope showed pus, blood and granular epithelium. Many of the cells were irregular in shape, the pyramidal form predominating. No casts were found at any time. Unfortunately a critical physical examination of the patient was never made. At different times surgeons had sounded him for stone and had failed to fine any. *Post-mortem.* Nothing especial noted on the exterior of the body. *Thorax.* Heart above normal in size. The muscle looks normal, and contains a large amount of fluid blood and currant jelly-clots. A small decolorized clot on the left side. Valves normal. *Lungs.* Both pleural cavities oblitered. The pleuritic adhesion were tough, the lungs being with difficulty torn from the cavity. In places the pleura was much thickened. The surface of both lungs was studded with miliary tubercles. One section of the lung substance was crepitant and studded with myriads of miliary tubercles. No caseous masses nor cavities were found in either lung. The bronchial glands were enlarged, not caseous. *Abdomen.* Viscera in normal position; peritoneum free from tubercles and of a healthy look. Liver of normal size and color. Over the surface a few stellate cicatrices noted, but no tubercles seen on the surface nor on section of the organ. The bile ducts free. The stomach contained greenish-black fluid, the mucous membrane of a greenish color corresponding to the contained fluid. The rugæ were much enlarged, especially at the cardiac end. Near the pylorus there was a small injected spot. *Kidneys.* The right measures six inches in length and three in width, and is of a reddish hue; the surface is studded with tubercles; on stripping off the capsule the larger of these remain with the kidney structure, while some of the smaller ones are torn off. On section the cortical substance is seen to have a thickness of about one-third of an inch. Numerous foci of softening are seen. Three are of the size of a nickel five cent piece. There are very many smaller ones, situated mostly in the pyramids. Numerous miliary tubercles throughout the substance of the kidney. The foci of softening are evidently due to breaking

down of the tubercles. The ureter is dilated, measuring half an inch across in some portions. The mucous membrane is ulcerated. The pelvis of the kidney is not dilated, and shows miliary tubercles. The left kidney is large, and is converted into five or six cysts. There is but little kidney substance remaining. The surface of the kidney is studded with a few tubercles. The cysts are lined by a thick leathery membrane, which can be stripped from the kidney substance. On puncturing the cysts a perfectly clear serous fluid at first escaped, soon followed by a milky substance containing some cheesy masses. The pelvis is smaller than normal; the ureter entirely occluded. The supra-renal capsule had undergone degeneration, and is of a uniform yellowish white color, and presented tubercles. The bladder was slightly contracted, the mucous membrane ulcerated, the muscular coat being exposed. The vesical trigone was of vivid red color and studded with miliary tubercles. The intestines were normal—no enlargement of lymphatic elements. The mesenteric glands were slightly enlarged. The prostate gland and spleen were not examined.

Prof. Wm. Osler kindly made sections of the kidney and supra-renal capsule, and the reporter is indebted to him for the following report:

1st. Extensive, wide-spread, small-celled infiltration between tubercles and malpighian tufts.

2d. Distinct miliary tubercles with centrally placed giant-cells.

3d. Areas of softening and disintegration. Tubercle bacilli carefully sought for, but only two undoubted specimens found.

Supra-renal capsule showed miliary tubercle with centrally placed giant-cells.

Dr. Formad referred to a similar specimen which had been exhibited by Prof. Tyson at a former meeting of the Society.

Dr. Osler remarked that Dr. Fussell's case corresponded in all essentials to what we know as tubercular nephritis. The bacilli, however, were small and difficult to find. Since the report of Dr. Tyson's case, a few weeks ago, he had had occasion to look over the notes of several cases, and found that they formed a complete series from cases of unilateral disease to instances with tuberculosis of the entire urinary tract and general infection. The condition was not unfrequently met with accidently in persons dead of other affections.

TUBERCLE BACILLI IN THE URINE.

Dr. Osler showed a slide of pus from the urine in another case of tuberculous kidney, with the tubercle bacilli stained.

The President reported a case of

INTESTINAL STRICTURE.

The patient was admitted to the Philadelphia Hospital one week previous to her death, under the care of Dr. Evans, the house physician. She had obstinate constipation, followed by stercoraceous vomiting. She suffered acutely, lapsed into an unconscious state and died, all treatment proving ineffectual.

At the autopsy the thoracic organs were found apparently normal. In the right iliac fossa a lobulated tumor was apparent on opening the abdominal cavity. The colon was distended, with gas in the transverse portion, and in the descending portion was narrow. The ascending and transverse portions had hardened fæces. There were a double twist of the intestines and two strictures; one in the ileum two inches above the ileo-cæcal valve and one two inches below the valve. They would not admit the finger. There was a ring of hardened tissue in each stricture. There was congestion of the mucous membrane in the small intestine and adhesion of the first part of the ascending colon on its under surface to the abdominal parietes. The kidneys were normal; a large tumor of the right ovary was also present, attached to the uterus.

Dr. Formad, who made the autopsy, remarked that acute peritonitis had, in this case, become chronic, and that it was the contraction which made the strictures. The cause was probably the abdominal tumor. He was not aware that there was a case on record where a tumor produced strictures. The constriction was due to outside pressure.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

EIGHTY-SEVENTH ANNUAL SESSION.

(*Specially Reported for the Md. Med. Journ.*).

(*Concluded from page* 493.)

THIRD DAY, THURSDAY, MAY 14TH.

The meeting of the Faculty was called to order at 12 o'clock M., the President, Dr. T. S. Latimer, in the Chair.

REPORT OF THE SECTION ON PRACTICE OF MEDICINE.

The report of this section was read by Dr. J. S. Lynch, of this city, Chairman. The report was devoted to the consideration of the new remedy, "Antipyrine." This substance was added to the list of antipyretics during the past year by Knorr, of Germany. The reporter considered it of transcendent importance to the profession. It furnishes the profession with a weapon by which we can absolutely control febrile temperatures in all diseases in which they are present, and its discovery can scarcely be ranked as less important even than that of quinine itself. The reporter then related his own experience, which has been considerable. His first experience in the use of the drug was in a case of pulmonary phthisis. He had found that in doses of three or four grammes daily he could perfectly control the temperature, which had been running up to 103–4 every evening in spite of large doses of quinine. The next case in which the drug was employed was a case of enteric fever in a girl, seven years of age, in which he had tried quinine and sodium salicylate. Her stomach, however, had revolted against each of these in succession, and the case had assumed a threatening aspect. The afternoon temperature was 105.5°; diarrhœa set in; the tongue became dry, and delirium was almost constantly present. At this stage .39 grammes of antipyrine were given every third hour. The change for the better was immediate and most satisfactory. The temperature fell to the normal; the delirium disappeared; the diarrhœa ceased; food was taken without difficulty, and the patient rapidly recovered. The reporter has used the drug in croupous and catarrhal pneumonias, in numerous cases of phthisis while fever existed, in rheumatism, malarial fevers, and in short in all forms of disease attended with pyrexia, and with two exceptions he has found it to be a certain, safe and reliable antipyretic.

In rheumatic fever he has found it quite as curative as salicylic acid and its compounds. In malarial fever it has no curative power, but it can be used with benefit in hastening the defervescence and thus converting a remittent into an intermittent, and enabling us to use quinine far more effectually and in smaller doses. In all forms of inflammatory fever he has found it useful by arresting fever to obviate that reactive influence which fever exerts upon inflammatory processes.

In two cases only did he observe it to produce any disorders of the stomach. It produces none of the disagreeable nervous effects experienced from quinine and salicylic acid; no giddiness, no headache, no tinnitus aurium.

As to the dose, he found that 1 to 1.5 grammes, repeated every two or three hours, apply sufficient for all the ordinary purposes of an antipyretic; but it can be given in much larger doses if found necessary. Its effects are rapidly produced, even in an hour or less, and in this respect it posseses a great advantage over quinine. Its effect is much less permanent than quinine and must, therefore, be continued longer and given more frequently than that drug. The first dose usually produces sweating—in some cases quite copiously—but subsequent doses fail to produce this effect unless an interval of twenty-four to forty-eight hours intervenes between the doses. In no cases has he seen it produce the exhaustive sweats generally produced by sodium salicylate and frequently by quinine. In intermittent fevers—especially the fever of phthisis, if given during the period of pyrexia, as in the afternoon—it always seems to prolong the morning intermission. It is soluble in about its weight of cold water, and it possesses

neither the bitter taste of quinine or the nawkish sweetish taste of sodium salicylate; it possesses a very decided advantage over both of these drugs in facility of administration.

When continued for some time, it produces a cutaneous eruption resembling scarlatina at some times and measles at others, which disappears on the suspension of the remedy. In concluding his report, Dr. Lynch said: "We may safely congratulate ourselves upon at last finding a remedy by which we can absolutely control fever without producing any seriously injurious effects upon the organism, and which is at the same time facile in its adminstration and tolerable usually by the most fastidious stomachs."

Dr. Lynch's report was discussed by Drs. R. H. Thomas and R. Winslow, who referred to the merits and disadvantages of kairin as an antipyretic.

REPORT OF SECTION ON ANATOMY AND PATHOLOGY.

The report of this section was presented by Dr. Wilmer Brinton, of this city. The report was devoted to the discussion of bacteriological subjects, the speaker first reviewing the investigations on the bacillus of Asiatic cholera and next the micrococcus of pneumonia, the bacillus of typhoid fever and lastly Lustgarten's bacillus of syphilis.

REPORT OF THE SECTION ON OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

The report of this section was presented by Dr. Frank Donaldson, Sr., who read a paper entitled "Personal Observations on the Value of Hydrochlorate of Cocaine." The object of the paper was to show the great value of this remedy as a local anæsthetic in diseases of the throat and nose. Dr. Herbert Harlan, from the same section, offered a paper on the "Hydrochlorate of Cocaine in Ophthalmic Surgery," which was read by title and referred to the Publication Committee.

The names of Dr. G. T. Atkinson, of Crisfield, Md., of Dr. R. B. Benson, of Cockeysville, Md., and of Dr. H. H. Biedler, of this city, were recommended for membership by the Examining Boards for the Eastern and Western Shores.

FOURTH DAY, FRIDAY, MAY 15TH.

The Faculty was called to order at 12 o'clock M., the President in the Chair.

REPORT OF SECTION ON SANITARY SCIENCE.

The report of this section was presented by Dr. W. Chew Van Bibber, who read a paper entitled "The Tonic Effects of Travel." The speaker first defined the meaning of the word tonic. The beneficial effects derived from travel have generally been supposed to come largely from the change of air.

"But," said the speaker, "if quick travel is considered equally beneficial to health as the slower mode then other things than changes of air must be taken into consideration, since by the rapid transit the traveller is often precipitated into an atmosphere, which is, at least, theoretically less invigorating than that which he has left but a short time before. It is, therefore, the entire change to both mind and body which the present quick travel brings with it which must here be considered."

Forty years ago the quickest travel from this city to New Orleans was from thirty-eight to forty days, now it can be made in as many hours. These changing scenes so easily and quickly brought in view excite the mind, and wonder brings to the natural animal spirit its highest tonic force.

The practical question now presented to the physician, is it best for the patient to make such sudden changes, or are the old and slower modes of transit to be preferred? In answer to this question, the speaker replied that the more slower transit is more preferable because it embraces a longer period, a more slower change of air and temperature. It cannot be denied, however, in certain diseased condition these quickly changing scenes may be a remedy of great power.

The next paper read before this section was presented by Dr. Geo. H. Rohé, entitled "The Non-Necessity of any Radical Change in the Present System of Dis-

posal of the Dead." The object of the paper was to answer the various arguments in favor of cremation and to show whether cremation is really an objectionable substitute for our present method of disposal of the dead. From a somewhat careful study of this subject Dr. Rohé arrived at the following conclusions:

1. Cremation is not necessary as a sanitary measure under the conditions prevalent in this country. 2. Cremation has no advantage on the score of economy over interment. 3. Cremation fails to meet the requirements of epidemics or wars as well as burial. 4. Cremation is objectionable from a legal point of view, as criminal poisoning would often pass undetected if incineration were general. 5. It fails to comply with the emotional demands of our nature by substituting a harsh and unseemly procedure for the more poetic and sentimental slow dissolution going on in the ground.

Dr. James Carey Thomas, of this city, presented the next paper before this Section on the "Importance of the Special Teaching of Sanitary Science and Preventive Medicine." The report began by urging the importance of all the medical schools of the State providing instruction by the institution of a Chair of Hygiene and its allied subjects. The reporter considered it of great importance that physicians should be able to advise municipal and district authorities on matters relating to public health, as well as to study the constitution, habits and surroundings of families and individuals committed to their care so as to be able to hinder them from falling a prey to preventable sickness. The disastrous epidemic of typhoid fever at Plymouth, Pa., was cited as an illustration of the fatal effects of the disregard of obvious sanitary precautions in the prohibition of drinking water. There is a movement now inaugurated to introduce simple physiological and hygienic study into the public schools of this State, and it is important that the physicians educated in our medical schools should be able to keep in advance of the growing public intelligence on this subject so important to the health and happiness of our citizens.

VOLUNTEER PAPERS.

Under the call for Volunteer Papers, Dr. J. N. Mackenzie read a paper entitled:

OBSERVATIONS ON THE ORIGIN AND CURE OF THE DISEASE CALLED "HAY ASTHMA" (CORYZA VASOMOTORIA PERIODICA.)

Ignorance of intra-nasal pathology on the part of those investigating the complaint, false theories, and especially the pollen theory, have, by drawing attention to less essential conditions, been barriers to therapeutic progress, and have contributed to the sufferings of the patient. After criticizing the various theories on the subject, Dr. Mackenzie proceeded to show that the disease called hay fever is no new affection, but has descended through the centuries under the guise of the convulsive asthma and nervous coryza of the older writers and nosologists, and that the so-called idiosyncratic influence in the production may be traced in all probability to the time of Galen. Dr. Mackenzie does not regard the disease as an affection of any particular century or confined to any condition of mankind. According to his conception, the affection commonly known as "hay fever" is simply a grouping together of certain prominent and frequent symptoms of a particular form of nasal inflammation, to which he has given the name of *rhinitis sympathetica*, characterized by a peculiar excitability of the nasal cavernous tissue possibly linked to an exalted state of the nerve centres (See abstract in MARYLAND MEDICAL JOURNAL, April 11, 1885; see also, pathology of the affection, Trans-American Laryng. Association, 1884, p. 113, and articles in *N. Y. Medical Record* for July 19 and October 18, 1884). To the intelligent treatment of such cases certain principles should be borne in mind which underlie the etiology and mechanism of the paroxysms. It should be borne in mind that the excitability of the turbinated tissue is a secondary phenomenon, dependent, as a rule, upon a direct impression made upon the sensitive nerves of the mucous membrane and upon the terminal filaments of the olfactory; or, an indirect influence

conveyed or reflected through the vaso-motor centres from a distant organ, or finally, from some excitation starting in the centres themselves. This stimulation of the nerve centres, from whatever cause originating, is reflected outward, probably through the sympathetic filaments which reach the turbinated structures with the spheno-palatine nerves. Now, as these nerves are distributed over the posterior and inferior portions of the nasal fossæ, (sensitive reflex area) the turgescence of the erectile tissue is most noticeable over this particular area, and it will be found that this surface represents the most sensitive spot to the reflex-producing impression. Destruction of the terminal filaments of the sensitive nerves accomplishes this, one result—it closes one door against *ab extra* irritation of the nerve centres. In order to exclude completely the influence of the latter, it is necessary in addition to remove all sources of local irritation from whatever cause originating. In this way the production of paroxysms from external agents acting directly on the nasal mucous membrane is prevented. The above measures alone are obviously insufficient to protect from paroxysms due to agencies operating within the organism or from reflected irritation from other parts of the body. The indication here is to remove the cause and diminish or abolish the reflex excitability of the erectile tissue—mark it, not to produce artificial contraction of its muscular elements, whose inevitable result will be filament weakening and dilatation of the intercellular walls—but so to alter the nutrition of the nerve centres that they may not respond so easily to impressions which awaken the reflex. Failing in the above methods, the destruction of the cavernous tissue should be undertaken. In the majority of cases, it is neither necessary nor advisable to destroy the large portions of the cavernous bodies, the amount to be sacrificed depends upon the exigencies of the particular case. Dr. Mackenzie does not usually wait for the interregnum of immunity, but operates between the paroxysms and by this means has succeeded in preventing their return, even when the individual has been exposed to the exciting causes of the paroxysm. Dr. M. makes a stellate incision with the cautery knife in the tissue to be removed, the advantage of which resides in the resulting cicatrix and greater patency of the nostril secured therefrom.

The prognosis depends not only upon the special predisposing and exciting causes of the disease and the facility of their removal, but also upon the amount of the structural injury done to the respiratory organs, to the central nervous system, and to other parts of the body subjected to the reflex disturbances to which the frequency of the paroxysms has led. In general, it is good, relief can always be secured, and in a fair proportion of cases a cure may be effected.

Dr. Randolph Winslow, of this city, read a "Report of Six cases of Penetrating Gun-shot Wounds of the Abdomen, with Remarks on the Same." In view of the importance of this subject and the divergent and unsettled opinions in regard to the management of penetrating wounds of the abdomen, the reporter considered it proper to record cases which came under his notice. In no other class of injuries does the improbable play as important a role as in gun-shot wounds. In a large proportion of cases the lesions which have been inflicted, and the course and situation of the missile are matters of purest conjecture. A bullet may be deflected by almost anything, hence arises the difficulty of diagnosis and that line of treatment which will be most advantageous to the patient. After referring to the recent literature of this subject, the reporter related six cases which had come under his own observation. As the result of personal experience and of studying the reports of recorded cases, he arrived at the following conclusions.

1. The simple fact that a penetrating gun-shot wound of the abdomen has been received does not justify laparotomy unless other unequivocal symptoms of intestinal perforation or hemorrhage are present. 2. Small pistol wounds do not demand laparotomy. 3. Wounds of the back or side are not to be treated by abdominal section until it is positively certain that perforation has occurred, as

it is impossible in many cases to tell what abdominal viscera have been injured, and it would be useless to open the belly for wound of the liver or other large solid organs, to say nothing of the possibility of finding the injury confined to the soft parts, spinal cord, etc. 4. All penetrating wounds from fire-arms of large size, inflicted upon the front of the abdomen, in which it is highly probable that the small intestines have been lacerated, demand exploratory incision, suturing of holes and ligatures of bleeding vessels. 5. Cases in which the nature of injury is doubtful are best treated by large doses of opium and rigid abstinence from food for several days.

The next volunteer paper was read by Dr. C. H. O'Donovan, of this city.

This paper related in full five cases of ovariotomy that occurred in the service of Prof. Wm. T. Howard at the hospital for women, resulting in four successes and one death; together with a minutely accurate account of Prof. Howard's method of performing ovariotomy and his treatment after the operation. Two of the cases were very interesting. The first was of a girl, thirteen years old, in whom menstruation had not yet occurred, from whom were removed a teratoma of each ovary weighing respectively 3½ kilos and 700 grms. They had developed in four months. The second was a case of cystoma of the right ovary, complicated by cystic degeneration of the left ovary, which had fallen into "Douglas" cul-de sac and which had developed an adeno-carcinoma as large as an orange with carcinomatous infiltration of the pelvic and abdominal glands. The ureters and pelves of the kidneys were dilated from pressure on the utreters, and the kidney tissue was pale and in advanced stage of fatty degeneration. This case resulted fatally in 72 hours of septic peritonitis.

In the preparation for the performance of and the treatment after ovariotomy Dr. Howard follows very closely the teaching of Keith. He uses carbolic acid solution for instruments and sponges, and has the spray running throughout the operation, though not directed into the abdomen. He dresses the wound with dry iodoform gauze and absorbent cotton. He attaches great importance to the necessity of stopping all hemorrhage before closing the abdomen. He believes that the best way to control vomiting during anæsthesia is to have the stomach empty. He uses ether exclusively in prolonged operations, though beginning with chloroform.

After ovariotomy, when trouble arises, he draws favorable or unfavorable conclusions from the pulse rather than from the temperature. The paper relates an instance of reduction of temperature by the India-rubber coil from 104⅕° to 100° in four hours without retarding the fatal result.

Officers Elected for the Ensuing Year.—The following officers were elected: President, Dr. John R. Quinan, First Vice-President, Dr. E. C. Baldwin; Second Vice-President, Dr. J. E. Michael; Recording Secretary, Dr. G. Lane Taneyhill; Assistant Secretary, Dr. Robert T. Wilson; Correspon ding Secretary, Dr. T. Barton Brune; Reporting Secretary, Dr. R. H. Thomas; Treasurer, Dr. W. F. A. Kemp.

Delegates to the associations of other States were appointed as follows: Drs. John S. Lynch and B. B. Browne, to Alabama; Drs. J. J. Chisolm, Wm. Lee and H. P. C. Wilson, to Virginia; Drs. John Morris and J. J. Elliott, to New York; Drs. G. Lane Taneyhill and John Barron, to Pennsylvania; Drs. J. Lee McComas and Wilmer Brinton, to West Virginia.

Standing Committees are as follows:

Library Committee.—Drs. I. E. Atkinson, L. H. Steiner, G. Lane Taneyhill, W. B. Platt and R. H. Thomas.

Executive Committee.—Drs T. S. Latimer, P. C. Williams, L. McLane Tiffany, H. P. C. Wilson and Christopher Johnston, Sr.

Examining Board for the Western Shore.—Drs. S. C. Chew, Thomas Opie, W. M. Kemp, A. Friedenwald, D. W. Cathell, T. A. Ashby, C. H. Jones.

Examining Board for the Eastern Shore.—Drs. G. T. Atkinson, James Bordley, J. E. M. Chamberlaine, A. H. Bayley, W. S. Maxwell.

Publication Committee.—Drs. G. Lane Taneyhill, W. F. A. Kemp, G. H. Rohe, F. T. Miles, Wm. A. Moale.

Memoir Committee.—Drs. John Morris, H. M. Wilson, Wm. Green, J E. Gibbons, S. C. Chew.

Committee on Ethics.—Drs. T. A. Ashby, Thomas Opie, R. B. Morison, A. H. Powell, R. McSherry.

Sections are as follows:

Surgery.—Drs. J. W. Chambers, R. Winslow, O. J. Coskery, C. Johnston, Sr., J. H. Branham.

Practice of Medicine.—Drs. J. Carey Thomas, A. H. Bayly, T. B. Evans, J. G. Holliday, S. C. Chew.

Obstetrics and Gynecology.—Drs. B. B. Browne, R. T. Wilson, G. W. Miltenberger, T. Opie, D. W. Cathell.

Materia Medica and Therapeutics.—Drs. R. H. Thomas, T. B. Brune, J. E. M. Chamberlaine, H. T. Reynolds, Claude Van Bibber.

Sanitary Science.—Drs. G. H. Rohe, J. R. Quinan, F. E. Chatard, Jr., C. W. Chancellor, E. G. Waters.

Anatomy, Physiology and Pathology.—Drs. J. E. Michael, W. D. Booker, J. G. Jay, W. T. Councilman, N. S. Keirle.

Psychology and Medical Jurisprudence.—Drs. L. F. Morawetz, G. Lane Taneyhill, C. G. Hill, R. Gundry, J. S. Conrad.

Microscopy, Micro-Chemistry, etc.—Drs. W. B. Platt, L. M. Eastman, John Dickson, F Donaldson, Jr., A. G. Hoen.

Ophthalmology, Otology and Laryngology.—Drs. J. N. Mackenzie, Herbert Harlan, H. C. McSherry, J. H. Hartman, J. F. Perkins.

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BALTIMORE, MAY 23, 1885.

Editorial.

THE PERINEUM AND THE WHEEL.—Year after year we see the bicycle steadily growing in favor in this country. Its usefulness as a means of pleasurable outdoor exercise, as well as a vehicle of transportation for business purposes, is fast becoming recognized. With this increasing popularity must of necessity arise queries as to the healthfulness of bicycling; and it behooves every physician, whether he be a practical wheelman or not, or whatsoever be his opinion regarding the practical utility of the wheel, to be prepared to discuss such questions intelligently. Looked upon simply as a mode of exercise for muscular development, there can be no question as to its excellency; but in England, where the wheel, in its various forms, has for years been almost universally accepted as a practical road vehicle, a question has been raised with regard to the continual pressure, as it is claimed, which is brought to bear upon the perineum and the consequent injury to the adjacent organs which may arise therefrom.

In the London *Lancet*, of November, 1884, Dr. S. A. K. Strahan opened the discussion of this question, and extracts from his paper have been printed in a number of journals in this country.

In answer to the arguments brought forward by Dr. Strahan, Dr. F. S. Grant, of New York, who is an experienced bicyclist, has recently written as follows:

"Two points in the communication of Dr. Strahan are well taken, but the greater part of his statements are erroneous, and likely to mislead or alarm many who may be thinking of taking up this pleasant and healthful mode of exercise. I understand, that since this article was written, Dr. S. has admitted his arguments were based upon no practical knowledge of the subject.

The form of danger alluded to, is pressure exerted upon the perineum with consequent injury to the adjacent organs.

The long-distance saddle is so constructed that, when the full weight of the rider rests upon it, all pressure is at once transferred to the natural seat or ischial tuberosities of the body.

This fact is well demonstrated in any saddle which has been in use for some length of time. Two depressions made by the tuberosities are plainly seen, while from the forward part of them rises a ridge that runs out to the tip of the saddle. It is this rounded ridge of leather that *supports*, not "presses upon the perineum," when in the saddle.

In "hill climbing," Dr. S. contended that little weight of the body was thrown upon the pedals, but that most of it came directly upon the perineum. Now, what are the facts? In taking a hill, a good rider rises in his saddle, transfers nearly all, or his entire weight to the pedals, and by a combined action of weight and muscle, drives his wheel up the hill. This muscular action is not by any means restricted to his legs, for nearly every muscle in the body participates in the effort, particularly those of the back and arms.

Thus a general play of muscles takes place in rolling up hill, and, *if not overdone*, is admirably adapted to physical development.

The points well taken in the article referred to, are:

1. Riding too large a wheel.
2. Over-exertion.

In the first instance, there can be no doubt, that a part of the rider's weight is distributed over the perineum with each attempt to push a pedal beyond the reach of his leg, while at the same time muscular action is misdirected and taken at a disadvantage.

Over-exertion is bad in any shape or form, and is not limited to wheeling

alone. Unfortunately, we witness it in all out-door sports, greatly to the discredit of otherwise healthful pastimes.

Ambition to cover long distances, to roll up a record of some thousands of miles in a short season, and without due consideration of individual reserve power or physical strength, is a great mistake. Injury, or at least impairment of vital organs, is certain to follow such a course.

To those youthful aspirants anxious to compete with Bartholdi's Statue in her dizzy height, or like Puck, to "put a girdle round about the earth in forty minutes," I offer the advice of Mr. Punch to the young man about to be married—"don't."

To grown, sensible men who ride their wheels, as a gentleman rides his horse, no words of caution are necessary."

These words speak for themselves; and, being an opinion coming from a man of practice combating the rather unpractical suggestions of a theorist, they should carry great weight; and we believe that but few, if any, of the large number of physicians who use the wheel will dissent from the opinion of Dr. Grant. With our rough and hilly roads however, it may be well to emphasize the importance of riding a wheel of the proper size; of using a well-fitting saddle, and maintaining an erect position when in the saddle.

With these precautions duly considered the danger of injury to the perineum is brought to a minimum, and long distances over rough roads can be ridden without discomfort. The writer has noticed, furthermore, that when a chafing does occur (which is but seldom) it is invariably over the ischial tuberosities or about the region of the coccyx, and is experienced during an exceptionally long ride in the summer season, when the saddle and garments of the rider become soaked with perspiration, so impeding his free and easy motion upon the saddle.

Only very occasionally is the perineum bruised, and then slightly, through the carelessness of the rider allowing himself to be thrown forcibly on the hard point of the saddle; but never has the writer known a perineum to be *chafed* when the saddle was properly adjusted, and the rider possessed of the ordinary experience requisite for road-riding.

The Influence of Electricity on the Gravid and Puerperal Uterus.—Considerable attention has been devoted to the consideration of the influence of electricity upon the gravid and puerperal uterus, both in this country and in Europe, and the results of numerous observations tend to show that we have in this agent a remedy of no mean pretensions. Hofmeier, of the Royal University in Berlin, (*Amer. Journ. of Obstetrics*, May, 1885) calls attention to two papers recently written in Germany on this subject, one by Bumm, of Scanzoni's clinic, the other by Baier, of Freund's clinic in Strassburg. The results of the two authors do not altogether agree from the fact that Bumm experiments were mainly with the faradic current, whilst Baier used the constant current exclusively. When both electrodes were applied externally only, Bumm observed no notable effect either in pregnant or in parturient women; when the faradic current was employed, with the electrodes respectively over the fundus and in the uterus contractions were produced. The results of Bumm's investigations show that the faradic current may be employed with reasonable hope of success in cases of atony during the third stage, in subinvolution and perhaps also for the induction of premature labor. Baier, who experimented with the constant current, obtained more favorable results. He found the constant current uniformly effectual in producing contractions, and therefore very serviceable for the induction of premature labor and quite free from danger. He also found this current effectual when other foreign bodies were present in the uterus and particularly in all spastic and cramp-like affections both of the puerperal and non-pregnant uterus. He thinks that its employment is to be specially recommended for the latter affections. The conclusion drawn from the experiments of Bumm and Baier tends to favor the opinion that the constant current is more powerful in stimulating muscular contraction of the

uterus than the faradic. This view of the value of the two currents is not the one generally held in this country where the interrupted current is most frequently relied on. Hofmeier admits that in Germany, on the whole, the employment of electricity both in obstetrics and in gynecology is apparently much more limited than in other countries, which fact may account for the limited number of contributions to this important subject in the German language.

Reviews, Books and Pamphlets.

Seventh Annual Report of the Presbyterian Eye, Ear and Throat Charity Hospital, No. 77 E. Baltimore Street, Baltimore, Md.

The Physician Himself, and What he should Add to his Scientific Acquirements in order to secure Success. By D. W. Cathell, M. D., late Professor of Pathology in the College of Physicians and Surgeons, of Baltimore. Fourth edition; enlarged by the addition of nearly three hundred new suggestions. Baltimore: Cushing & Bailey. 1885.

Ovariotomy. By James B. Hunter, M. D., Surgeon to the N. Y. Woman's Hospital, etc. Reprint from *N. Y. Medical Journal*, for June 7, 1884. Pp. 18.

Fifty Cases of Abdominal Section; with Remarks on Laparotomy. By same author. Reprint from *N. Y. Medical Journal*, for April 4, 1885.

The Art of Massage. Translated from the German of Reibmayer, with Notes. By Benjamin Lee, A. M., M. D., Ph. D. of Philapelphia. Pp. 41. Price, 25 cts.

Minor Surgical Gynæcology. A Treatise on Uterine Diagnosis and the Lesser Technicalities of Gynæcological Practice, including General Rules for Gynæcological Operations and the Operations for Lacerated Cervix and Perinæum, and Prolapsus of the Uterus and Vagina. For the Use of the Advanced Student and General Practitioner. By Paul F. Munde, M. D., Professor of Gynæcology at the N. York Polyclinic and at Dartmouth College, etc. Second Edition, Revised and Enlarged. With Three Hundred and Twenty-one Illustrations. New York: William Wood & Co. 1885. Pp. xxii-552. Baltimore: Cushing & Bailey.

A Practical Treatise on Nasal Catarrh and Allied Diseases. By Beverley Robinson, A. M., M. D., (Paris), Clinical Professor of Medicine at the Bellevue Hospital Medical College, etc. Second Edition, Revised and Enlarged. With One Hundred and Fifty-two Wood Engravings. New York: William Wood & Co., 1885. Pp. xii-276. Baltimore: Cushing & Bailey.

The Curability and Treatment of Pulmonary Phthisis. By S. Jaccoud, Professor of Medical Pathology to the Faculty of Paris, etc. Translated and Edited by Montagu Lubbock, M. D. (Lond. and Paris), M. R. C. P. (Eng.), Assistant Physician to Charing Cross Hospital, etc. New York: D. Appleton & Co., 1885. Pp. xiii-407. Price, $4.00.

Transactions of the New York State Medical Association, for the Year 1884. Volume I. Edited for the Association by Austin Flint, Jr., M. D., of New York County. New York: D. Appleton & Co., 1885. Pp. vii- Price, $5.

The Oleates. An Investigation into their Nature and Action. By John V. Shoemaker, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College, etc. Philadelphia: F. A. Davis. Att'y, 1885. Pp. vi-121.

The New Local Anæsthetic, Hydrochlorate of Cocaine (Muriate of Cocaine), and Etherization by the Rectum. By Laurence Turnbull, M. D., Ph. G., Aural Surgeon to Jefferson Medical College, Philadelphia, etc. Philadelphia: P. Blackiston, Son & Co., 1885, Pp. 76. Price, 50 cts.

A Clinical Illustration of the Value of Combining Motion with Extension in the Treatment of Disease of the Hip Joint. By Benjamin Lee, M. D., Ph. D., Philadelphia. Reprint from the "Transactions of the Medical Society of the State of Pennsylvania."

Miscellany.

Doctors Disagreeing.—A silly writer, calling himself an "Anti-Vivisectionist," communicates the following to the Baltimore Daily *Sun*, May 20th. 'Common' sense is not only much needed by this would-be brilliant apostle of the Anti-Vivisectionists but common intelligence as well. His mental vision seems to be even narrower than the principles of his creed. If no better argument can be used to arouse the prejudices of the public against vivisection than this flimsy stuff, the resources of this genus of 'cranks' must be in a most atrophied condition.

"At the first meeting of the Medical and Chirurgical Faculty held last week in Baltimore, Dr. Latimer announced that M. Pasteur and Dr. Koch, equally high authorities, differ as to whether cholera germs will increase in a humid or in a dry atmosphere most rapidly. These two great authorities and Dr. Sternberg, of the Johns Hopkins Uniqersity, after inoculating hundreds of animals with cholera germs, know so little or differ so much that the Doctors, who are supposed to be so much benefited by vivisectionits, do not know what to advise the city authorities as to keeping the streets wet or dry in case of an epidemic of cholera. As their greatest authority, Claude Bernard, said, 'Our hands are empty of results, though our mouths are full of promise.' 'Common sense,' indeed, would seem to be needed not alone among the 'cranks,' as Dr. Martin calls the anti-vivisectionists of Baltimore."

Medical Items.

The Association of American Medical Editors, which recently met in New Orleans, elected the following officers for the ensuing year: President—Dr. H. O. Walker, of the *Medical Age*, Detroit, Mich., Vice-President—Dr. F. L. Sim, of the *Mississippi Valley Medical Monthly*, Memphis, Tenn.; Secretary—Dr. F. E. Daniel, of the *Courier Record of Medicine*, Fort Worth, Texas.

Dr. Wm. Maxwell, a highly respected and influential physician, who has practiced his profession for some years at Still Pond, Kent Co., Md., died at his home on May 16th, after a long and painful illness, which he bore with great patience and fortitude.

At the recent meeting of the Medical and Chirurgical Faculty of Maryland a resolution was adopted authorizing the President to appoint a committee of five to secure the passage of a law regulating the practice of medicine in the State of Maryland.

At a meeting of the Royal Society of Physicians, held April 17th, Drs. Fürth, Mannaberg and Zeisse reported confimation of Dr. Lustgarten's discovery of a bacillus of syphilis, the details of which discovery were published recently in this JOURNAL.

Dr. John Small, of Toronto, died recently. He had been for many years one of Toronto's most able and prominent physicians.

Dr. Wm. Clendenin, an eminent physician of Cincinnati, Ohio, died in that city on May 3, at the age 56. He was medical director of the fourteenth army corps during the late war, and also served as health officer of Cincinnati for several years.

The University of Pennsylvania has recently graduated 107 medical and 49 dental students.

The Virginia Medical College, at its recent commencement, graduated a class of eighteen students.

The annual commencement of the College of Physicians and Surgeons of New York City took place on May 12th. The highest prize, of $500, was awarded to G. Woolsey, a son of ex-President Woolsey, of Yale College.

The Medical and Chirurgical Faculty of Maryland has adopted an amendment to its constitution, which will admit women to its membership.

Dr. Z. S. McKown, who was a student of medicine at the Baltimore Infirmary during the summer of 1872, and well-known to a number of readers of this JOURNAL, died recently in Dakota. He was a native of Frederick Co., Va.

Dr. Frank L. Taney, a distinguished surgeon of New Orleans, died recently in that city. He was related to the Taney family of this State.

The Prince of Wales, during his recent visit to Dublin, set a good example by donating 100£ to the Dublin Hospital Fund.

The Brussels degree of Doctress in Pharmacy has just been conferred for the first time on a lady, Madame Pipelin.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDING MAY 16, 1885.

Fesseden, C. S. D. Granted leave of absence for thirty days. May 12, 1885.

Goldsborough, C. B., Passed Assistant Surgeon. To proceed to Moss Point, Miss., for special duty. May 16, 1885.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from May 12, 1885, to May 15, 1885.

Lieutenant-Colonel Edward P. Vollum, Surgeon. Granted leave of absence for three months, to take effect when his services can be spared by his department commander.

A board of medical officers to consist of Lieutenant-Colonel A. K. Smith, Surgeon; Major S. C. Y. Happersett, Surgeon; Captain James P. Kimball, Assistant Surgeon, appointed to assemble at United States Military Academy, West Point, New York, on June 1, 1885, to examine into the physical qualifications of the members of the graduating class and the candidates for admission to the Academy.

Captain Joseph K. Corson, Assistant Surgeon. Leave of absence extended ten days.

Captain John J. Kane, Assistant Surgeon. Leave of absence for seven days extended one month.

First Lieutenant E. C. Carter, Assistant Surgeon. Leave of absence extended one month.

Original Articles.

ON THE USE OF THE OBSTETRICAL FORCEPS AS A SPECULUM AND PROTECTOR TO THE VAGINA IN OPERATIONS UPON THE FETUS IN UTERO.*

BY DRS. JAS. PRICE AND G. G. FAUHT.

Even a casual observance of the records of gynecology shows them be scored over and over again with cases, the sad history of which, is the result of the reckless and unintelligent use of the obstetric forceps. The late Dr. John S. Parry gives the mortality of craniotomy as 37½ per cent. According to Dr. D. H. Agnew, *Surgery*, *Vol.* 2, *page* 821, "a fatality quite as great as that resulting from Cæsarian Section." As a careful perusal of the writings of Schroeder, Tait, and others shows how often this operation when styled "successfully done" is followed by genital fistulæ, extensive sloughing and cicatricial contraction, we have good reason to believe that mutilations and contusions of the soft parts are no mean factors in accounting for the heavy mortality. Foreign reports indicate that the mortality is much greater abroad than in this city. A late Irish obstetrician reports six consecutive deaths after craniotomy. Though the conventionalities and artificial modes of living in the large cities of America might necessitate the more frequent performance of serious operations in child-birth, the more successful results must be attributed to the generally conservative teachings of our schools with reference to manipulations in deformed pelves. It is to be regretted that exceptions to such teaching exists. A celebrated New York teacher, who boasts "three thousand cases and a year at Vienna," records one of his cases in which the cephalotribe slipped eight times, the operation being completed with a blunt hook. Cases are known in which the cervix has been entirely cut away, and in which in trephining the base of the child's skull the mother's sacrum has been sawn into. With such records before them, the writers feel that no apology is need for presenting for the discussion of this Society a new and wise use for the forceps as a protector of the soft parts and for fixation of the head during operations upon the fœtus. A justly celebrated writer and teacher of this city, after the publication of a paper, advocating this measure, in the *Medical News*, August 2, 1884, called attention to the fact that the idea was not a new one, as shown by an abstract from *Blundell's Principles and Practice of Obstetrics*, published in 1834. The writers are well aware that obstetrical works report cases in which the head was perforated after ineffectual traction had been made with the forceps without removing that instrument, and the delivery subsequently accomplished safely. *Hodge Syst. Obst.*, pp. 252; 272, &c. The use of these previously reported cases was, however, clearly accidental. Indeed, the profession seem to have lost sight of the fact that the primal use of the speculum was to enable the operator to use craniotomy instruments safely and expeditiously. Abulcasis so used it in the eleventh century (quoted by Schroeder). The design of this paper is to claim the *intentional* use of forceps as a protector of the soft parts of the mother and for fixation of the head. The only previous intentional use of the forceps in such manner, known to the writers, was some years ago by Dr. DeForest Willard, a member of this Society. In using the forceps after the manner referred to in the title, when the destruction of the fœtus is already indicated, a pair of forceps as wide in the blades as the diameter of the pelvis will permit, are applied in the ordinary way, and used for fixation and compression of the head while the vault is being perforated and broken or folded up, the retraction of the tissues by the instrument allowing safe and expeditious work. If preferred by the operator, the blades may be separated to their respective sides of the pelvis and held by assistants, recovering and locking them to make compression and traction. To represent the utility

*Read by Dr. Beates before the Philadelphia Obstetrical Society, May 7, 1884.

of the forceps under such circumstances, we cite the following cases:

Case I. M. B., æt. 21, primipara; pelvis of masculine type; child's head unusually ossified, and its dimensions large—absolutely and relatively. When Dr. Price saw her she had been in labor for a long period—as the pregnancy was illegitimate, she had attempted to conceal the fact that she was in labor—the child was dead—the hand was presenting at the vulvar orifice, which was very much swollen, and the woman's vital forces were failing. The hand and arm were returned to the uterine cavity and the head brought into position. As there was no expulsive effort whatever, the forceps were applied; traction failed to engage the head. The safety of the mother demanded prompt removal of the child. Without removing the forceps craniotomy was quickly performed after the method described, the mother's soft parts were entirely uninjured, and the woman made a prompt and satisfactory recovery. It seems hardly necessary to state that version was not attempted in this case because it was believed that the safety of the mother would be greatly compromised by turning and dragging through contracted and inflamed tissues a large, still child.

Case II. Mrs. D., æt. 28; second labor. The first labor two years previously had been a protracted forceps delivery. The present labor was seen in consultation; it was a summit presentation, and various forceps had been already unsuccessfully applied. A further attempt by Dr. Price was equally unsuccessful in causing the head to engage, its diameters being at least an inch greater than those of the pelvic outlet. The forceps being *in situ*, a large male fœtus was removed after perforating and crushing the head. The patient's recovery was all that could be desired. She has since borne a normal child, the labor being easy.

Case III. A. G., æt. 22; primipara; extreme angular curvature of the spine and pelvis much narrower in the conjugate diameter. The head presented, the occiput was posterior and unengaged. Dr. Fauht applied the Davis forceps, but was unable to change or engage the head. After a consultation with Drs. Hampton and Price, in which craniotomy was decided upon, a pair of Hodge forceps were applied, the blades separated to their respective sides of the pelvis and used as a speculum, &c., during the subsequent operative procedure. Except for a slight tear of the perineum, which afterwards healed perfectly without the use of stitches, made by the passage of the shoulders, the patient's recovery was uninterrupted and satisfactory. In this patient the undeveloped condition of the soft and the narrowness of the bony outlet would have rendered craniotomy by the old method a hazardous operation. Without wearying you by further statistics, we may say that similar successful results have been attained in all our other cases, numbering four. The Hodge and Davis forceps were used in five of the operations, in the last two a special forceps, designed by Dr. Price and made for him by Mr. Kolbe, having the following peculiarities: 1. Thin flat blades, one and three-quarters inches wide, to allow easy application in markedly deformed pelves. 2. The Hodge angulation for use at the superior strait. 3. The absence of fenestræ to increase the strength of the blades for powerful compression and traction and to afford more ample protection in operative procedure during perforation, &c. 4. A greater cephalic curve so that the points come in apposition to prevent slipping. 5. A screw at the end of the handle to cause greater compression than could otherwise be ascerted.

Dr. Beates also exhibited another pair of forceps designed by Dr. Price, one blade of which terminated in a thin, flat, sharp pointed perforator, this was screwed with a leather shield to protect the soft parts during its introduction; this shield is not removed, but the perforator cuts through it when it is pressed firmly against the fœtal cranium. The other blades terminated in a blunt screw, which is intended to be screwed into the spinal canal of the child for traction.

Society Reports

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD MAY 7TH, 1885.

The President, B. F. Baer, M. D., in the Chair.

The President read the following report of a case of

SECONDARY OVARIOTOMY,

and exhibited the specimen, a small papillomatous cyst.

Mrs. S., æt. 33; married first at fifteen years of age; became a widow at twenty and remarried at twenty-six. Had one child only, by the first marriage, seventeen years ago. Enjoyed good health, except that she has always been very nervous, until nine years ago, when she suffered from an inflammation in the pelvic region which confined her to bed six weeks. Has suffered ever since from profuse and frequent metrorrhagia with paroxysms of left ovarian pain. About four years ago she also began to suffer from hysterical attacks of an epileptiform character. Two years after these nervous manifestations appeared—in the spring of 1883—she noticed that her abdomen was beginning to swell. The growth continued to increase and with it the metrorrhagia; pain and epileptiform seizures. She also lost flesh rapidly and became weak and bed-ridden. In January, 1884, ovariotomy was performed. After her recovery, which was slow, and despaired of, for some time, she enjoyed good health. The menstrual flow became regular and painless, and the convulsions ceased entirely. But in the September following she had another attack of uterine hemorrhage, which lasted three weeks. Pain also returned, in character like that attending the development of the first tumor, but it was now located on the right side instead of the left. In October she consulted my friend, Dr. D. J. Miller; pain and hemorrhage were at this time very severe and she was weak and anæmic. On examination Dr. Miller found an abdominal development, in the region of the right broad ligament, about the size of an egg. This was already adherent to and apparently within the folds of the ligaments. It was very tender to the touch, but there were no constitutional evidences of acute inflammation. Shortly after this she had a recurrence of the epileptiform convulsions.

Treatment seemed to control the symptoms for a time, but from the latter part of December they increased steadily. The constant drain from the metrorrhagia, the increasing violence and frequency of the paroxysms of pain and the convulsive attacks began to tell in a marked degree upon her health in loss of flesh and strength. In February, 1885, through the kindness of Dr. Miller, I saw the patient. At that time the growth had attained the size of a large orange; it occupied the right side of the pelvis, displacing the uterus to the left and seemed to be closely attached to the broad ligament and the uterus. I agreed with Dr. Miller's diagnosis of ovarian cyst disease, and although the tumor was evidently adherent to the uterus and broad ligament and therefore probably did not have a pedicle, I advised its removal for the relief of the grave symptoms. *Operation* April 7th, 1885, at 12 M., assisted by Drs. D. J. Miller, Ed. H. Small and G. P. Perley, in the presence of Drs. B. C. Miller and Plummer. *Incision*, one-half inch to right of old cicatrix three inches in length, passing through the body of the right rectus muscle. After clamping all bleeding vessels, I opened the peritoneal cavity and found that the omentum was adherent to the line of union of the first incision, which had been about eight inches in length; and that adhesions also existed between portions of the intestine and the location of the former pedicle on the left of the uterus. The necessity of pushing the omentum and intestine aside to get at the tumor and fear of breaking the adhesions by so doing, together with the small size and deep-seated location of the cyst, made the required manipulations exceedingly difficult. When I obtained a view of the upper surface of the tumor, it looked not unlike the pregnant uterus in color and vascularity.

Its outer wall was interlaced with a network of veins, some of them as large as a quill. Exploration with the fingers showed it to be so deep in the pelvis and so closely attached to the uterus, fallopian tube and broad ligament that they seemed to be one mass, the whole attached by a broad surface to the pelvic floor. The prospect of completing the operation was now anything but bright, because of the danger of opening this very vascular wall for the purpose of enucleation. But I began with an attempt to separate adhesions, and after patient, gentle, but persistent efforts, they began to yield and I was finally enabled to get two fingers around the posterior surface of the tumor without producing much hemorrhage. I next passed a small trocar of the aspirator and drew off about six ounces of a straw-colored fluid; this gave me a little more room and I now hoped to be able to remove the tumor entire, and with that purpose in view I endeavored to still further separate it from its attachments; but so much hemorrhage occurred that I was compelled to desist. I next very carefully broke the outer wall of the cyst with my fingers and proceeded to shell out the lining membrane; but it was so friable that it gave way and my finger entered the cavity of the partially collapsed sac. I found it filled with a papillary cauliflower-like growth. This I removed to prevent its escape into the peritoneal cavity where I feared it might propagate by contact if lost and allowed to remain. I then completed the enucleation of the internal surface of the tumor. The thick and vascular external wall was now so thinned and drawn out that it formed a sort of pedicle. This I transfixed and ligatured, cutting away the redundant portion. Then after thoroughly removing all foreign material, I closed the abdominal incision with seven silk sutures and returned the patient to bed. She recovered promptly from the ether, showing no evidence of shock. At 8 P. M. her temperature was normal and pulse 126. On the evening of the second day her temperature rose to 101°, and a free metrorrhagia occurred. The temperature fell within a few hours to 99⅘° and did not afterwards rise above 100°. On the fourth day I found union so complete and solid that I removed the sutures. She sat up on the nineteenth day and has now entirely recovered from the operation. The result on the hystero-epilepsy and other nervous symptoms will be reported later by Dr. Miller.

It is of vital importance to every woman who must submit to the operation of ovariotomy, that the condition of the opposite ovary should be thoroughly investigated. If found to be diseased, even slightly, I think it should be removed to shield the patient from the danger of a probable second operation. But when such nervous symptoms as existed in this case are present, though the opposite ovary should be found to be healthy I think it imperative upon the surgeon to remove it with the hope of relieving these symptoms. It does not add much to the danger of the operation; indeed, in my own practice, it would seem to have had the reverse effect, for I have lost but a single case of double ovariotomy, though about one-third of my cases have been of that character.

DISCUSSION.

Dr. Montgomery takes exception to the statement of advisability of removal of the other ovary. The second ovary, even if slightly diseased, may be the source of repeated pregnancies. He had, in one case of ovariotomy, left the other ovary, although it was enlarged and contained several small cysts; pregnancies and the delivery of living children occurred subsequently but there has been no sign of another ovarian tumor. In some cases it may be advisable, but no such fixed rule should be formulated.

Dr. Goodell has performed 144 ovariotomies and has had secondary operations in two of them, in which the remaining ovary was apparently healthy at the time of the primary operation. In all cases after the menopause he now removes the second ovary, even if it seems to be perfectly healthy.

The President was much gratified to have Dr. Goodell's endorsement of his

opinion upon the advisability of the removal of the second ovary.

Dr. Montgomery reported an

ÖOPHORECTOMY.

Mrs. C., æt. 32, consulted me November, 1884, with the following history: She is married, but never became pregnant. Menstruated once when fourteen and not again until seventeen when she became regular, but the flow was always preceded for a few days by severe cramp-like pains which continued during the menstrual period. In her earlier menstrual life the flow was quite free but later it has been scanty. The pain was felt in the back and in each inguinal region. She had an attack of small-pox during her fourteenth year, but otherwise had enjoyed good health until a few years ago. Two years since she noticed that she was losing flesh, her appetite became poor, she had constant nausea and frequent vomiting; the pain in the back and inguinal regions occurred in the after part of each day, was exceedingly distressing and interferred with her rest at night. This pain was greatly aggravated by walking, standing, riding in cars, and by coition. When she came under my care she had lost considerable flesh, had a very irritable stomach, and was not free from pain an entire day at a time. The uterus was retroverted, apparently bound down to a thickened mass posteriorly and presented a catarrhal endometritis. Pressure upon the fornix vagina gave rise to severe pain. Some efforts were made to raise the uterus by means of tampons of cotton, but they only increased the pain. The patient soon became unable to move about and was confined continuously to bed. The pain was constant during the greater part of the twenty-four hours so that during the last three months she had had but three nights of uninterrupted sleep, though morphia was given daily. The troubles from the first had been ascribed to ovarian disease, and every effort was made to improve her condition preparatory to the removal of the ovaries, but without avail. Her emaciation became extreme, when it was decided to run the risk of the operation. At this time her menses had been absent about two months.

April 1st, assisted by Drs. W. H. and C. B. Warder and Dr. Martin, the ovaries were removed. They were situated in Douglas's cul-de-sac behind and beneath the uterus, and were slightly adherent. Both ovaries were enlarged and hard, and presented a number of small cysts. The latter were found also in the broad ligaments. The wound was closed with silk sutures and dressed with salicylated cotton. Her subsequent comfort was very much interferred with by the pressure from lying, which in spite of all precautions produced a small slough over the sacrum. Her highest temperature, 102°, was reached at 6 P. M. on the 20th. The wound healed by first intention. The sutures were removed on the sixth day. After the third day no anodyne was given, but she slept nine hours each night. All her old distressing symptoms vanished as if by magic, her appetite and digestion became good, and she began to improve in general appearance. There has been no recurrence of the pain since the operation.

Dr. Henry Beates read a clinical report of a case of

CONDYLOMA URETHRA.

It having closely simulated epithelioma in appearance. As the routine notes will be uninteresting, they will be omitted. Mrs. D., multipara, æt. 29, sought relief from an intense dysuria which was of a little more than a year's duration. A history indicating an attack of gonorrhœa, while not positive was sufficient to render it probable. A year or two after marriage she was attacked with either acute cystitis, urethritis or gonorrhœa, which disappeared but was followed after a lapse of two or three months by frequent micturition and vesical tenesmus. After a few weeks a urethtal discharge, purulent in character, was noticed, followed soon after by the development of condylomata on the margin of the meatus urinarius. Coincidently the tenesmus and dysuria increased, and by interferrence with sleep, and suffering entailed, resulted in impairment of health. Rem-

edies had been prescribed, but no examination of the local condition made. When first seen the patient was almost constantly harassed with tenesmus and was suffered intensely. She would retain the urine as long as possible and void it only when the voluntary control of the bladder was overcome by the vesical contraction. Examination revealed numerous condylomata originating from the margin of the meatus and interior of urethra. The meatus and its surrounding neoplasms were bathed in a sanguino-purulent fluid and the inferior border and membrane of vestibule were the seat of destructive ulceration. This latter so closely simulated the appearances seen in ulcerating epithelioma that that diagnosis was confirmed by a gentleman who saw the case with me. The external growths were clipped off with scissors and the bleeding bases staunched with nitric acid. After a slow preparatory treatment anæsthesia was produced, the urethra dilated and the condylomata, which were numerous, and derived from the urethral membrane only, removed with the dull curette. A curious point was the distinct demarcation of the morbid condition, which was limited at the vesical terminus of the canal, and the perfect freedom of the vesical membrane from the growths. A solution of chloral, iodine and carbolic acid was thoroughly applied and had the effect of stopping hemorrhage. The ulcerated tissue and a portion of the urethal growth were incised and the margins treated with nitric acid. The microscope revealed hypertrophy of the mucosæ with increase of epithelial elements and capillaries. Four years have elapsed and no evidences of return have presented themselves. I believe the cause of these condylomata to have been a specific urethritis, which becoming chronic by its irritation determined the growths.

LEIOMYOMA UTERI.

Mrs. M., German, æt. 27, mother of one child; history free from neoplastic predisposition. At 13 the catamenial function was started and became regular soon. Congestive dysmenorrhœa for a few months at first; once every twenty-eight days, lasting four days. Married at nineteen, conceived two years later, delivery at term after a tedious instrumental labor. About a year later a steadily increasing menorrhagia commenced, with leucorrhœa. She was unsuccessfully treated for this for two years, and came under the care of a well-known practitioner of Philadelphia, since deceased, who introduced pieces of lunar caustic into the uterine cavity and allowed them to remain there until dissolved. After a few weeks the menorrhagia was relieved, and fair health was enjoyed for more than two years. The hemorrhage recurring she again visited Philadelphia, and was treated with the dull curette and endometrial applications She remained free from her trouble for three years, during which time she met with financial reverses and was subjected to the depressing influence of trouble. She had never been impregnated since the birth of her only child. Hemorrhage recurring she entered a hospital in western Pennsylvania, where she remained two years under unsuccessful treatment. All treatment was abandoned and the hemorrhagic condition suffered for nearly five years, when threatening death brought her again to Philadelphia. She attended the Nurse's Home Charity, where I saw her, as an assistant in 1879. Her treatment included iodine to the cavity, ergot and gallic acid internally, and the curette. In October of the same year she placed herself under my care. I was called to see her and found her in profound syncope. She had occasionally manifested mental aberration due entirely to the consanguinous state, and for two or three months was bleeding almost constantly. A laminaria tent was promptly placed and a thorough examination made, which disclosed the presence of a neoplasm occupying the right lateral and posterior uterine wall. Its contour was regular, base broad, consistence that of uterine tissue. Its submucous location was determined and enucleation effected. The growth was as large as a doubled fist and required division before it could

be delivered. It weighed nine ounces. Profuse bleeding occurred during the operation and the shock was alarming; reaction, however, occurred. Microscopic examination revealed a typical leiomyoma uteri of the telangiectatic type. When last heard from a few mouths ago she was enjoying excellent health.

OVARIAN CYSTOMATA.

The following three cases of cystomata will be referred to only in brief: Case 1. A lady, 51 years of age. The sac was aspirated and thirty-seven pints of typical ovarian fluid removed in February. By May the cyst had refilled and the tumor was removed. The room was heated to 80° and a steam atomizer utilizing carbolized water was kept in constant action. Incision 5½ inches; bleeding points secured before opening peritoneal cavity; no adhesions; pedicle dropped. The sutures of silver wire used in closing the abdominal wound were inserted in such a way that the peritoneal surfaces were opposed fully ¾ inch below the incised edges. The dressing consisted of adhesive strips, antiseptic gauze, absorbent cotton and a flannel binder over all. The convalescence was pyrexical, characterized by abrupt exacerbations on the seventh and thirteenth day. Sitting up on twenty-eighth day; recovery good. The pyrexical convalescence I attribute to the use of carbolic acid and the heat exhaustion induced by the absurd custom of maintaining a close, moist and overheated atmosphere during the operation.

Case II.—A lady, aged 51, menopause four years ago; noticed an abdominal tumor at the time of the change. This would diminish in size during the catamenia. The past two years the suffering has been great, and while the tumor is of medium size the disturbance of the digestive functions are as great as those encountered in enormously developed cysts. Sleep for the past four months has been seriously interrupted. In January, 1884, her health not admitting surgical procedures, and in consequence of fever and pain in the sac, aggravated by the heart movement, and indicating an acute inflammatory condition, I aspirated with the view of removing what I believed to be the determining cause of the inflammatory attack, over-distension, and also to prevent additional adhesions from forming. I withdrew eighteen pints of a dark, chocolate-colored fluid, which was typically ovarian, but contained a large amount of cholesterine. The result of the aspiration was everything to be desired; the pyrexia promptly disappeared; sleep was secured; the digestive function returned, and a rapid gain of strength established. By April the sac was so filled as to again occasion constitutional disturbance, and ovariotomy was performed. This time I abandoned entirely carbolic acid and the overheated moist and oppressive atmosphere. Strict cleanliness was observed and corrosive sublimate used with the atomizer remote from the patient. The temperature was maintained as nearly as possible at 70°. In an omental adhesion was found a large artery, which was the chief source of blood supply to the cyst wall. The pedicle was found to be a tendonous-like structure. The sac was almost universally adherent in the pelvic cavity, and adhesions were especially strong over the broad ligament and fundus uteri. These were so developed that it was considered by a gentleman present an impossibility to affect removal. In dealing with this complication the fundus uteri was delivered of its thickened peritoneal membrane and the parenchyma exposed. This was the source of hemorrhage, which was stopped by dissecting up flaps on the anterior and posterior aspects and bringing them together over the bleeding surface and securing with six interrupted silk sutures. After removal of the sac and the introduction of the abdominal sutures, and just as I was about to close the wound, there welled up blood. The cavity was quickly reopened and the bleeding surface discovered after lengthening the incision to a point above the umbilicus and well down over the pubes. The hemorrhage originated in the separated folds of the broad ligament and was only stopped after numerous silk ligatures had been applied; between fifty and

sixty were required within the pelvis and abdominal cavities before bleeding was well controlled. Failing to secure a bleeding point in a pocket Monsel's solution was applied. The operation occupied two hours and thirty-five minutes. One and a half pounds of ether were consumed. The temperature of the patient after the operation was over was 94⅘°, and attention is here called to a point which is, *the determination of the degree of depression of temperature to which it is safe to subject a patient during a surgical procedure.* In ovariotomy, where the securement of bleeding areas is an essential to success the import ot this can easily be appreciated, and if a definite knowledge can be established there will not be fatal cases due to septic complications, the direct result of oosing that might be presented. Reaction was prompt. Dressing as before. Tympanitis developed during the next twelve hours, and to a degree that jeopardized life. This was overcome with the faradic current, antiferments and the rectal tube. There was no pyrexial complication, and recovery was without further untoward symptom.

Case III.—A young married lady, æt. 25, suffered from an ovarian tumor which developed within a period of nine months. The cool room, absence of carbolic acid, and strict cleanliness characterized the conditions of the operation. Corrosive sublimate was the antiseptic employed. The operation was uncomplicated and recovery was prompt.

DISCUSSION.

Dr. Goodell complimented Dr. Beates on the case requiring so many ligatures, as nothing is so demoralizing as free hemorrhage as a complication in abdominal surgery. He criticises the ¾ inch application of peritoneal surfaces, as it is likely to fall into the wound when closing it and cause faulty union. He inquired about Dr. Beates' experience as to hernia after abdominal section. He doubted the necessity of the rule to avoid section of the recti muscles in inserting stitches in closing the wound good coaptation of the muscles be secured, hernia would probably be less likely to happen. He preferred silk sutures to metal ones for closing the abdominal wound, as they may all be inserted, and sponges used to catch any bleeding, before any of them are closed.

Dr. Montgomery remarked that some operator (name forgotten) had proposed section through the recti muscles for the express purpose of securing good coaptation and sound union. He has tried this method and has has had good results and no hernia.

Dr. Parish has passed sutures through the recti muscles and has had good results and no hernia. He uses silk and has not been troubled with suppuration along the suture tracks.

The President thinks that if an operator once uses silk sutures he will not again use silver wire. In the case he reported this evening, the incision was necessarily through a rectus muscle. He had perfect union and no suppuration.

Dr. Beates had never had hernia resulting from abdominal section. In the second case violent retching and vomiting caused him great anxiety, but the suture held firmly and union was firm throughout. In the second and third cases silk sutures were used, but pus was formed in their tracks in six or seven days.

Dr. Goodell exhibited specimens of

PAPILLARY OVARIAN CYSTS

removed from three women, with the following history: The first one had been removed on March, 29th at the University Hospital, from a woman who had borne two children by her first husband, but had not conceived since her second marriage seven years ago. The cyst was of the right ovary, weighed about twenty pounds, and its lower portion had to be enucleated from the broad ligament which was over it. It had burst a few hours before the operation, and the abdomen was filled with a dark syrupy fluid. The special point of interest was the papillary growths found in large numbers, both on the inside and the outside of the cyst-wall. The broad ligament and pelvic peritoneum were also

studded with them, and the left ovary, otherwise healthy, was so bound down and enveloped with them as to make its removal impossible. The woman's convalescence was uninterrupted, yet Dr. Goodell could not but believe in the malignancy of the cyst, and he was disposed to attribute the diffused patches of papillomata to infection from some previous rupture of the cyst wall, of which, however, there was no history.

The next two cases were operated on at his private hospital on the same day, April 12th, and both did well. In each one both ovaries were effected with intra-external papillary growths while in one of these the right cyst had evidently burst some weeks previously, as the abdomen contained a dirty fluid, and apart from the history of sudden abdominal pain, the ovary was represented by a mass of papillomata clot the size of a of one's fist, around the base of which were the remains of the cyst wall. These two cases he deemed benign because there seemed to be no infection outside of the ovary. They were probably cases in which the cystic degeneration began at the hilus of the ovary.

The President remarked that these growths were found in almost all small ovarian cysts, especially when they were enveloped in the broad ligament. They are not malignant but are of very rapid growth, and are accompanied by pain and local congestion.

Dr. Parish, in one of his patients, had found an ovarian tumor as large as a man's head. The other ovary was the size of a hen's egg, and its walls had undergone calcareous degeneration, the pedicle was short and calcareous, suppuration followed its removal, and a fistulous opening was left probably depending on the presence of the calcareous matter.

Dr. Goodell also exhibited a calculus weighing over one and a half ounces, which he had removed a week ago. The lady was seventy-four years of age, and was also aphasic and paralyzed from shock of apoplexy received five years previously. Ether was therefore given with extreme caution, and fortunately no bad results followed its use. Finding the stone to be a large one, Dr. Goodell decided not to crush it but to remove it by lithotomy. This was accordingly done, but a great deal of difficulty was experienced in coaxing the stone through the opening. On account of the cystitis present, the opening into the bladder was left unclosed, except at those points where sutures were introduced merely to stop troublesome hemorrhage. The relief was immediate and the convalescence uninterrupted.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MAY 1, 1885.

(*Specially Reported for the Maryland Medical Journal.*)

The Society was called to order at 8.40 P. M. by the President, Dr. B. B. Browne; Dr. Jos. T. Smith, Secretary.

Dr. J. E. Michael exhibited the patient upon whom he had done the operation of trephining, and the history of which he gave to the Society at its meeting March 6. The man, when he came into the hospital, was dull looking and slow of speech, which was at the time thought to be the natural condition of the patient, but after the pieces of bone were removed and pressure taken off of the brain, he became bright and cheerful. Dr. M. also noted a second case in which trephining had been attended with good results.

Dr. N. G. Keirle thought the wound in the patient just shown out of the line of the special senses, except possibly hearing. His audition was then tested by Dr. Michael and found to be good. Dr. Keirle then continued. It is astonishing the amount of injury the brain can sustain in youth without serious results; forces, momentum and other factors must be taken into account. Only the other day he saw a man from York, who, when 15 years old, had some railroad ties fall upon his head, the skull was broken in very many places, and in front the pulsations of the cerebral vessels could be felt; he is now 30 years, and he presents nothing unusual except some arrest of development.

Dr. J. E. Michael (for Dr. Platt, who was prevented by illness from attending the meeting), exhibited the trunk of a subject showing complete

TRANSPOSITION OF THE VISCERA.

The apex of the heart was on the right side, the arch of the aorta turned to the right, and the thoracic aorta passed down on right side of vertebral column. Emanating from the arch there was *left* innominate, and *right* carotid and subclavian. The right lung had *two* lobes, the left *three*. The liver occupied the left hypochondrium, the spleen the right. The position of the stomach was reversed, the *caput coli* occupied the left iliac space, and the sigmoid flexure the right. The right testicle hung lower than the right. Nothing was known of the life history of the individual, but a comparison of the callosities on the hands indicated that he was left-handed. Hyrtl speaks of two cases of *transpositio*, one a cadaver, the other in life. In both the transposition was complete. In the first the callosites showed plainly that the left hand had been most used. In the second, the individual was a cabinet maker, and declared himself almost incurably left-handed. By dint of blows his master had compelled him to learn to work with his right hand, but even yet, when he wanted to do a piece of work particularly well, his left hand was called into requisition. Dr. M. had seen one case in life, in v. Schrötter's clinic in Vienna. The false position of the heart, liver and spleen was readily made out by physical examination and by using the stethoscope during the act of deglutition there was little difficulty in determining the reversed position of the stomach. These instances of transposed viscera are specially interesting as bearing upon the question of the anatomical basis for right-handedness, since so far as Dr. M. knew they are all left-handed.

Dr. Keirle remarked that the organic transposition might be proximately determined by, and dependent upon misplacement of the heart and great vessels. "When these are centrally located, the liver occupies a median position and each lung has two lobes."

According to Bischoff, a twist "of the umbilical vesicle to the left, and of the allantois to the right, effect a spinal revolution of the embryo." (Rokitansky, Vol. I, p. 57), but it is difficult to see in this an adequate explanation.

Under the head of peculiarities of the aorta, Gray in his Anatomy, states that "when this artery arches over the root of the right lung and descends upon the right side, organic transposition results, but not so if after thus arching it returns to its normal position in descending; the former is in birds a normal vascular type, and its occurrence in the human animal has some seeming of type-reversion, the other hypothesis is accidental dislocation. Further details as to the ultimate causation of this vascular displacement, other than that briefly stated, is not attainable."

I am indebted to Dr. Bevan, Professor of Anatomy, College of Physicians and Surgeons, for calling my attention to the statement quoted from Gray.

Dr. W. P. Chunn read a paper entitled,

CASE OF PROLAPSED OVARY TREATED BY PESSARY, WITH REMARKS ON THE USE OF PESSARIES.

[Published in Md. Med. Jour., May 9, 1885.]

In reply to Dr. Braham, Dr. Chunn thought the laceration of the cervix not a sufficient cause for the use of the pessary; the pessary by lifting up the uterus restored the circulation of the parts, and the subsequent pregnancy grew and replaced the ovary.

Dr. J. H. Branham hardly thought the cure in this case due to the pessary, and that these instruments should not be given the credit of a cure unless clearly shown. Those who work hard do not bear pessaries well, especially washerwomen and that class; such may be taught to use the tampon upon themselves.

Dr. L. E. Neale thought the resulting cures might be explained otherwise than solely by the use of the pessary.

Dr. J. H. Branham exhibited specimen from amputation of thigh; he also spoke of gun-shot injuries of shoulder and thigh.

Dr. W. P. Chunn related a case in which the patient was found to have a double uterus.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

(*Specially Reported for the Md. Med. Journ.*)

STATED MEETING HELD APRIL 22, 1885.

The Society met with President, Dr. W. W. Johnston, in the chair, Dr. McArdle, Secretary.

Dr. H. D. Fry read a paper on

RECENT PROGRESS IN OBSTETRICS.

He alluded to the perfection of old, and the invention of new instruments; to the improved methods of performing craniotomy, the Cæsarian section and its modifications, and laparo-elytrotomy. He stated that, although the mortality of these grave operations had been greatly reduced, the favorable statistics of child-bearing were, in great part, due to matters connected with the smaller details.

He then dwelt upon the importance of the supervision of pregnancy. The better the health of the woman the better her chances for a successful confinement.

Mention was made of approved methods of treating eclampsia, abortion, placenta prævia, and extra-uterine pregnancy. The management of the perineum, and the importance of immediate suture in cases of laceration, the delivery of the placenta, and the use of ergot were also considered.

After some remarks on puerperal septicæma, its prophylaxis and treatment, he concluded by saying:

"Midwifery, to-day, is essentially prophylactic and operative; it will be antiseptic. It is prophylactic because a better knowledge of the nature of the different complications that may arise permits us to take important steps to avoid them.

It is operative because less hesitation exists regarding the performance of operative measures instituted in the interest of the mother. The necessity of the induction of abortion or premature labor is recognized in certain cases of albuminuria, in obstinate vomiting, placenta prævia, contracted pelvis.

It will be antiseptic. I believe the time not far distant when every obstetrician will employ antiseptic delivery in private as well as hospital practice."

DISCUSSION.

Dr. F. Howard said Dr. Fry had very clearly stated the modern and correct views of obstetricians. There has been no greater advance than the induction of premature labor for the proper treatment of placenta prævia. Anæsthetics, he was glad to believe were now more generally used. He placed great confidence in the alcohol, chloroform and ether combination.

Dr. Smith had expected Dr. Fry to speak of Bandl's ring. As for himself, he had found nothing in medical literature showing the existence of such an obstetrical complication.

Dr. F. Howard spoke at some length of the benefits he had always derived from the use of Credé's method of expelling the placenta.

Dr. Schaeffer was gratified to see that the natural treatment of placenta and cord was being adopted. The delay now recommended would seem to be in accordance with what nature has taught the lower animals.

Dr. Berman could testify to the benefit derived from the expectant plan of treatment. He had seen 100 cases so treated. In some cases the child gained 60 grammes of blood. The placenta was expelled in from ten minutes to half an hour. In only a few cases was Credé's method resorted to from necessity.

Dr. C. E. Hagner had adopted the plan of not tying the maternal end of the cord. He was astonished to find what a large amount of blood would come away upon the napkin which he placed about the untied end of the cord. The size of the placenta was thus decreased and more easily expelled. It was his habit to give a drachm of ergot to the woman as soon as the child's head was born. He had not a case of post-partum hemorrhage to amount to anything in sixteen years. No cases of hour-glass contraction have occurred in his practice.

Dr. Fry said, in closing the debate, that the A. C. E. mixture is spoken of by Playfair. When he, himself, was *interne* of a hospital, he was accustomed to use it in all surgical operations, and no bad results followed. He thought chloroform safe in obstetrics, and believed no death has been recorded from its use. It acts more quickly and produces less nausea than ether. In obstetrical operations ether is safer. As to the ring of Bandl, he did not notice it, for its existence is not acknowledged. As soon as the head of the child passes, he puts his hand on the fundus of the uterus and follows it down until child and placenta are both delivered. As to Dr. Hagner's method he considered it dirty. It was, moreover, dangerous in case of twins. There was no conclusive proof that it lessened the placental mass. (Dr. Schaeffer here said that Dr. Cooks suggests even if it did, such a thing would be a disadvantage, as tending to diminish contractions of the uterus by lessened mass). Dr. Fry, continuing, said is Credé's method be properly used the placenta will be pressed out into the bed. He, too, gave ergot after the birth of the child's head.

Dr. Hagner said his method was perfectly clean as practiced by himself. He would, of course, assure himself that twins were not present.

Cocaine Mixture for Relief of Cough and Vomiting in Chronic Pharyngitis.—*Jahn*, in the *Gazette Medicale de Paris*, of March 14, 1885, recommends the following formula for the relief of the cough and vomiting of chronic pharyngitis:

℞.	Cocaine,	gr. iss.
	Glycerine,	f 3 iv.
	Aquæ dest.,	f ℥ x 3 ij.
	Acidi carbol.,	gr. ⅛. M.

S. Apply morning and evening with a suitable brush.—*Med. News.*

The French Academy of Medicine has awarded a prize to Dr. Wardell, of London, for his discovery that nitroglycerine is a remedy for angina pectoris.

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BALTIMORE, MAY 30, 1885.

Editorial.

The Use and Abuse of Pessaries.—Many men are so constructed in their mental organization as to be unable to hold opinions upon any subject except such as are extravagant. Such individuals are prone to underrate or overvalue the views of others, and to measure every fact by the standard of their own prejudices. A clear and judicious judgment of any question is quite beyond their grasp. Hence it happens that theories, facts and principles are ill-naturedly slaughtered or extravagantly praised by these loud-voiced and injudicious critics of the fanatical order. This is an unfortunate circumstance which brings about a condition of opinion that greatly retards the growth of scientific knowledge and renders the progress of truth an uphill struggle. Fanaticism is not conservative; if it has any value in aiding the cause of truth it seems difficult at times to recognize it. It, however, comes and goes with such flippancy, that its influence is ultimately pressed down by the weight and triumph of fact.

In the progress of medical thought these ripples of extravagant opinion are constantly seen agitating the surface with foam and bubbles. We witness almost daily the injudicious and erratic critic deriding this remedy and applauding that until less judicious minds are perplexed and disturbed with doubts and erroneous opinions. Isms, false systems and methods are but natural results of such confusions of intelligence and judgment, which, though they be of short life, are not wholly conservative of good.

Such thoughts are suggested by the illtempered judgment so often expressed in regard to the use of a simple and useful mechanical appliance, the pessary. It is so common, of late, to hear this appliance condemned and disproved of in the most injudicious and prejudiced manner that a few words in regard to it are entitled to consideration. The profession is informed by a class of writers that the pessary is a "relic of barbarism," an "illogical appliance" which should be discarded from all use, that it does infinite harm and no good, and that the physician who makes use of it is a proper subject for a reformatory institution.

An answer to such arguments and objections is proper. The pessary is not an illogical instrument unless used by an illogical man and in an illogical manner, any more than Smith's anterior splint is an illogical apparatus, except when illogically used.

The pessary is designed to correct a false position, or to give support to an organ which lacks the natural support. Its application is based upon strict mechanical principles, and when these principles are enforced the mechanical effect is usually secured. The pessary should no more be discarded from use than the fracture box or splint, but its employment should never be undertaken by one who does not understand how to use it, any more than that a splint should be adjusted by a tyro in surgical knowledge. Fractured limbs are almost daily maltreated and maladjusted by men who fail to understand the methods of treating fractures, and at the same time displaced uteri are daily maltreated and maladjusted by men who do not understand the simple method of using a pessary. To condemn one mechanical appliance is as just and as logical as to condemn the other. They both do infinite harm or good according to the intelligence of the man who uses them. The man who fails to observe the beneficial results which follow the careful and intelligent use of the pessary, in our opinion, has never had an experience, or else does not know how to use one.

That the pessary may do infinite harm we must admit; so may the splint; so may opium, strychnia, or any other valuable agent. The value of the appliance resides in its intelligent application; this is true of every drug employed. It seems to us just as logical and fair to condemn opium, chloral or alcohol because inebriety may result from the use of these drugs. Let us not then judge the pessary from an illogical standpoint, but attempt to show its defects and disadvantages from the position of injudicious and improper use. In the first place the pessary often fails to accomplish a favorable result, and induces harm from the fact that too much is expected of it; it is not properly adjusted, and it is employed under erroneous ideas in regard to the mechanical effect it will induce. In employing pessaries for all the varieties of displacement a diagnosis of the condition should first be made, and the position of the uterus recognized, the instrument should be selected with reference to the mechanical effect required, it should accurately fit the vagina, giving proper support without distending that organ. Before beginning the use of the pessary the physician should prepare the way for its introduction by first using methods to correct displacement, such, for example, as position or rest, agents to relieve congestion or inflammation, or the ordinary cotton supporter. The preparatory treatment is especially advisable in all acute or inflammatory displacements.

In point of fact more is dependent upon the skill and judgment of the operator than on the actual form of pessary used, still much good will be accomplished by employing an instrument with modifications suitable for each case. It is just as important to adjust a pessary to fit the vagina, if you would secure comfort, as to use a shoe that fits the foot to secure comfort in walking.

When once a suitable pessary has been secured, and is worn with benefit by the patient, a watchful supervision of this case is necessary. The patient should be kept advised of the fact that she is wearing the instrument, and she should be examined at stated intervals to make sure that it is in proper position and not

injuring the tissues. Her vagina should be kept clean by the use of antiseptic injections during the time. If it becomes necessary for her to be removed from the immediate notice of the physician for any length of time, she should be taught how to remove the instrument.

We are satisfied that the prejudice against the pessary is due to the non-observance of simple rules of judgment and care. Too much has been expected of the pessary and too little of the intelligence and skill of the operator. Let the man who fails to get results look to himself and to his own methods of using the appliance before he denounces with wholesale violence the skill and experience of those who find in this mechanical appliance a useful, harmless and valuable aid for many of the troubles of womankind.

The Study of Chemistry in Medical Schools.—We observe in several quarters a disposition to have elementary chemistry discarded from the curriculum at the medical schools upon the ground that the elements of the science should be learned before the student undertakes his medical studies. In other words, the medical student, when he applies for admission at a medical college, should come prepared to stand a preliminary examination, and among the subjects thereof, elementary chemistry should be included. This is in accordance with a suggestion of the English Medical Council. It is asserted as a fact that chemistry is generally taught superficially at the medical schools, so much so that the recent graduate only knows enough to pass a parrot-like examination, having been crammed or coached for the purpose, after which he forgets even this little acquirement. In many instances this is undoubtedly true, but the same may be said of various other branches. The average doctor probably knows as little of physiology, for example, after five or ten years practice, as he does of chemistry, but not therefore should instruction in physiology be excluded.

We suggested in a recent article upon medical education that one year given to chemistry and biology at, let us say, the Johns Hopkins University, would form an excellent basis for the prospective doctor before going through the regular curriculum at a medical school, but as a matter of fact, it is but a small minority who could enjoy such an advantage, and furthermore, while an advantage, it is not a necessity.

Most medical students are young men of small means, and they are necessarily obliged to economise in time and money.

The schools, as times go, must make their arrangements for the great majority; not for the small minority. Their teaching is, and ought to be, for the most part elementary. The recent graduate is not a *finished doctor* except by title; he is in fact at best only possessed of a foundation upon which to build a creditable superstructure. "When I will have finished my studies,"—said a student to Dr. Rush, who did not allow him to complete his sentence.—"My young friend," said the great professor, "let me tell you that after all these years my studies are greater and more earnest than ever; they are not finished, and will not be so long as I live—do not talk of finishing your studies."

Every medical student who proposes to be fit for his profession ought to take this idea to heart, to wit: that his studies do not end any more than they begin, with his college terms.

It may be that within a few years preliminary examinations will be required at all of our medical colleges, as indeed they should be, but independently of such requirement, the student should have some preliminary acquaintance with the various branches of medicine. As remarked by our contemporary, the *New York Medical Journal*, "It is in vain to expect men to profit by the most elementary instruction in anatomy and physiology when they have never learned the principles which underlie these branches; and it is equally unscientific to teach them the elements of chemistry while at the same time they are listening to lectures which presuppose a considerable knowledge of that science."

Notwithstanding the usually published requirements of most of our colleges, three years of study, including two full

courses of lectures, it is a well-known fact that in many instances students commence medical studies with a full course of lectures. They read as they please during recess, attend another course of lectures, get their degree, and straightway branch out into practice. Fortunately for the community they generally get very little to do for three or four years, leaving them ample time for study if they have the inclination.

It may be readily understood that the first course of lectures must to such students be perfectly bewildering. They do not understand the language, to say nothing of the ideas of the various professors. They expect to rise *ad astra*, like the builders of the tower of Babel, at the college, but they are met with a confusion of tongues which bewilders them.

It ought to go without saying then, that students should carefully pass over most of the text-books, before going to the college. So far as chemistry and physiology go, they may get very useful groundwork from the school books; quite enough to make the language and the experiments of the professors intelligible and instructive.

With so much preparation students may and do learn a great deal of useful chemistry from the ordinary college course.

The dullest of them acquires some acquaintance with the composition and quality of the air we breathe, of the water we drink, of the earth upon which we dwell, and from whose fertile bosom we get our daily bread—to say nothing of the purple juice, the "the spirit of the earth," from the Belmont and other vineyards.

Moreover, they learn something of incompatibles, something of the nature of poisons, their tests and antidotes. That all or any of them will become expert chemists or toxicologists is not to be expected. Chemistry is a great science to which the expert has to devote his life, and even then, he may not be a master.

A few years ago a learned professor of chemistry informed our practicing physicians, in a public address, that he had graduated in medicine a few years before at a great northern medical school, giving satisfaction to the professor of chemistry as well as to the other professors, but giving a wrong answer to nearly every question in chemistry, though he thought he was right as did the professor also!

Such a fact is sufficient to show that it would be absurd to expect medical students to become proficients in chemistry from what they may learn at a medical school, but what may be reasonably expected is that they shall get many facts that will be useful to them in every day practice, while if it comes to the need of very exact knowledge, great skill or erudition in any chemical question they must and should refer to a chemical expert who has time, means and appliances as well as special skill to solve the question. The thorough physician can scarcely be at the same time a thorough chemist, and conversely, the thorough chemist cannot well be a thoroughly good practitioner of medicine. The patients or crucibles will be unduly neglected, the one for the other. Medicine is too multiform for any man to be a *master*, even if he be a doctor, in its varied and diverse sciences.

Withal, the reasons, we think, for retaining the chair of chemistry in the medical schools greatly preponderate over the objection of incomplete teaching which may apply to other branches as well. The student gets his elements at the college only. These acquired, all more or less defective, he is prepared for obtaining proficiency subsequently in the special learning that he may most affect, or that may be most useful to him.

Trichinosis in Germany.—An inspector of meat has been condemned at Halle to a year and a half's imprisonment in consequence of his careless inspection of some pork, in consequence of which ninety persons inhabiting the village of Strenz-Naundorff became affected with trichinosis, twelve of the number dying. He had reported the pork in question as free from trichinæ, while he had examined only six of the thirty specimens submitted to him, and these very carelessly, in that a subsequent examination proved that they were infected.—*Med. and Surg. Rep.*

Miscellany.

Case of Caudal Development in a Human Being.—Dr. Lissner, in the last number of *Virchow's Archiv*, describes a case of complete development of a tail in the human being. The Doctor delivered a multipara of a female child which exhibited a perfect tail. Both parents were of normal frame and their other children were not deformed. It was stated that the father was given to liquor, but it does not appear that this indulgence might have effected the reversion in type suggested by the tail. The tail was an undoubted continuation of the spine; through the more delicate integument on the anal side, several bones like the digital phalanges could be felt. A cyst was attached, which was somewhat hairy; this was punctured, letting escape a serous liquid. The parents would not allow an amputation. The child is now over thirteen years old. It was lately brought before the Doctor for examination. The child, by law, should attend the public school, but had obstinately refused, among other reasons because, as she declared, the sitting posture caused pain. The tail at present measures in length 12.5 cm., and in circumference 23 cm. Hard, irregular bodies, bones probably, can be felt through the skin.—*St. Louis Courier of Medicine*, April.

Japanese Dentists.—In Japan the extraction of teeth has reached a degree of perfection absolutely unknown in France, and I might say in Europe or America, where they have good schools of dentistry. The Japanese dentists do not overwhelm their victims by a display of the instruments of torture with which our artists draw their clients' bad teeth, not to mention the sound ones. It is with the thumb and index finger that the Japanese artist delicately withdraws you a molar or two. Naturally, great practice is required before arriving to such a degree of skilfulness. To obtain this the dentist pupil serves an apprenticeship to a master. For a long time he has to exercise himself in extracting bits of wood inserted in planks, loosely at first, but afterwards solidly fixed by hammer-strokes in oak wood. When the pupil can, at a single trial and without apparent effort, draw out one of these wooden teeth, any human jaw can be confided to his care, and no tooth, though fixed in a steel alocolus, can resist him. A skilful Japanese operator can in half a minute, and without moving his fingers from the victim's mouth, remove easily his half dozen teeth.—*L Union Med.*

Professor Virchow on Diphtheritic Membrane.—At a recent meeting of the Berlin Medical Society, Prof. Virchow protested against the too general use of the term diphtheritic, making it cover cases of undoubted croup. The Professor stated that formerly he had had much difficulty in effecting a distinction in the minds of the profession between croup and diphtheria, the former term being used rather to the exclusion of the latter in diagnosis; now the reverse is true; we hear much of diphtheritic membrane and but little of the croupous. In diphtheria there can be no exudative membrane in the fauces, a membrane that can be expelled as such giving a mould of the parts. The so-called faucial diphtheritic membrane is no membraue, but a slough. The exuded matter stops the circulation and a slough results

Virchow declares diphtheria to be a parasitic disease. The microbes that abound in the sloughy surface can be inoculated; from the spot of inoculation alterations of tissue rapidly extend with an abundance of such microbes present. These germs are not found in the membrane of croup. While sometimes it may be difficult to establish a clear differential diagnosis, still an obvious croupous membrane, one distinctly fibrinous should not be termed diphtheritic.

As regards treatment, Virchow thinks that the remedies suggested to digest the diphtheritic slough, and thus get rid of it, pepsin, papyin, etc., would have no effect on the microbes; also, that solvents can prove of little use in the fauces, since fibrinous membranes do not occur there in diphtheria.—*Courier of Medicine.*

General Gordon from a Medical Point of View.—General Gordon's life is as great a mystery as his character. His physical endurance in the desert would be difficult to understand in a strong man; but in a man with angina pectoris, and with a horror of meals, it is simply a kind of miracle. As far back as November 15, 1878, and in that very Khartoum on which the eyes of all Christian nations are turned, he writes: "There are not nine Europeans in the Soudan, and they vegetate and do not live. Can you conceive what it is never to have any desire to eat? That is my case. I hate the operation. * * My angina pectoris has not troubled me lately. According to medical books it is not known what occasions this. It is heart disease, and makes you think you are on the brink of death. A rush of blood takes place to the heart, and you think all is over. I may say I have died suddenly over a hundred times." We can only find encouragement in such facts to go on hoping that against all human and medical probabilities Gordon will again emerge from the Soudan, and long continue to show the world what can be done by men with grave disease, but with faith in their own mission and in God's providence.—*Bost. Med. and Surg. Journ.*

Antipyrine and its Effects.—In an article on this subject Dr. Wm. H. Draper says (*N. Y. Med. Jour.*, April 18th):

The only conclusions which can be safely drawn from our experience with the drug thus far are:

1. That it is an efficient means of reducing temperature.

2. That it is apparently a safe means of reducing temperature, if prudently administered and carefully watched.

3. That while it does not, so far as our present experience demonstrates, markedly modify or abort the diseases in which it has been administered, it does manifestly contribute to the comfort of those who are suffering from high temperature.

4. That the administration is occasionally accompanied with unpleasant effects, which more than counterbalance the benefits to be derived from the reduction of temperature.

5. That a more extended experience in its use and methods of administration may so formulate the conditions for which it is especially adapted that it will prove a precious contribution to the resources of therapeutics.

Researches on the Physiological, Chemical, and Therapeutic Properties of Hamamelis Virginica.—In a carefully prepared paper published in the *Boston Med. anl Surg. Journal*, (April 16, 1885) having the foregoing title, the author, Dr. Hector Guy, of Paris, France, sums up the following conclusions:

(1) Hamamelis Virginica is not toxic. Employed in very large doses it produces no symptoms of poisoning in the inferior animals. It does not appear to be toxic to man, despite the fact recorded by Dr. Camperdon, concerning which there would seem to have been some mistake.

(2) It does not appear to have any special physiological action on the vascular system, heart, veins, or arteries.

(3) We have not noted any alkaloid in the bark or leaves; the active principle is probably the essential oil.

(4) Therapeutically hamamelis has an uncertain action. It has, nevertheless, given good results in certain cases of hæmorrhoids. As a hæmostatic its action has seemed demonstrated in some circumstances. The results obtained in varices are not conclusive.

(5) Hamamelis Virginica does not seem to merit the enthusiasm bestowed on it by certain American physicians. It has no clearly defined special action. At the same time, in certain cases, its employment may be attended with success.

An Antiseptic Vaginal Injection.—The *Bulletin General de Therapeutique* states that the following formula is habitually employed in the Lariboisière Maternité:

℞. Biniodide of mercury, Iodide of potassium, } each 1 grain
Water 1 quart

The temperature of the injection is about 113° F.
—*N. Y. Med. Journ.*

Points of Difference Between Tubercular and Fibroid Phthisis.—*Sir Andrew Clark*, Bart., M. D., in his recent Lumlein Lectures (*Brit. Med. Jour*). 1. Tubercular phthisis is primarily of constitutional origin and appears for the most part in the young; it is bilateral; its course is accompanied by elevation of temperature and rapidity of circulation, by progressive loss of flesh, strength and color, sometimes by laryngeal ulceration, and sometimes by sensations of painful exhaustion and *malaise;* it is usually rapid in its progress; the majority die within three years, and the few who, in consequence of fibroid complications, live for several years, enlarge the average duration of the disease to four or five. 2. On the other hand fibroid phthisis is usually of local origin and appears for the most part in the middle-aged; it is in the main unilateral; it is unaccompanied by elevation of temperature or hurry of circulation; flesh, color and strength may remain but slightly affected for years; it is not incompatible with great bodily and mental energy; the urine almost always contains a little albumen; the progress of the malady is slow; œdema is never absent throughout; and death, which seldom occurs within five years, is often delayed for thirty.

Sequel of Prof. Loretta's Operation on an Abdominal Aneurism.—The *British Medical Journal* announces the death of the patient whom Prof. Loretta, of Bologna, had apparently cured of an abdominal aneurism by the introduction of copper wire into the sac. Death occurred ninety-two days after the operation, and was quite sudden; he had been in excellent health for several weeks and the tumor had became almost imperceptible to the touch. Death was found to be due to rupture of the aorta at the angle of junction between the artery and front wall of the tumor. The sac had shrunk to the size of a walnut and was completely filled with coagula of organized fibrine. The copper wire was found unaltered and rolled up into a globular mass in the sac. Prof. L. suggests that the compression and other changes produced in the artery by the coagula in the sac may have caused a failure in the blood supply to the portion of arterial wall immediately below the tumor and thus have induced the rupture of a portion of the artery which was no doubt already diseased.

Measurement of Refraction by the Shadow-Test, or Retinoscopy.—In an excellent article in the April number of *The American Journal of the Medical Sciences*, Dr. Edward Jackson, of Philadelphia, traces the history of the shadow-test from its introduction ten years ago, by Cuignet, of Lille, to the present time. He fully describes the optical basis of the test, and considers its application in the various states of refraction. It may be looked upon as the union and evolution of two modes of examination almost as old as the ophthalmoscope itself, namely, the twirling of the mirror to detect conical cornea, and the examination of the myopic eye by the indirect method without the intervention of an object lens.

Its advantages are that it is most widely applicable, has the certainty of an objective method, the accuracy of trials with test-lenses, and the rapidity of the optometer. It is applicable in the cases of young children, the amblyopic and malingerers, in which subjective tests cannot be used; and in cases where restlessness, nystagmus, hazy media, or the loss of the other eye, renders accurate examination in the erect image by a refaction ophthalmoscope, difficult or impossible. In certainty, when the patient retains the power of accommodation, it seems inferior to the "direct method" as a means of discovering and measuring latent hypermetropia. But it is superior to the direct method in the detection and estimation of astigmatism.

In accuracy, the test very nearly equals the subjective test with trial lenses, for patients who have good vision, good intelligence, and honesty; for patients lacking in any of these requisites for subjective testing, it is markedly more accurate than any other method. In all cases where the state of refraction is to be measured accurately, it effects a saving of time; in the stupid or sluggish this saving is very great.

Cancer in Syphilitic Subjects.—This question has been taken up by Dr. Ozenne, *Jour. de Méd. et de Chirur.*, Sept. 1884, who deals with it exhaustively in a recent volume, referring especially to syphilitic cancer of the mouth. This latter is a hybrid disorder arising from the united action of syphilis and cancer. The former disease, when thus associated, is always tertiary, its prior stages have never been observed in direct connection with cancer. The combined lesions of cancer and syphilis, when affecting the buccal cavity, are of several kinds, among which our author distinguishes three in particular—the cancero-sclerous, the cancero-gummatous, and the cancero-sclero-gumminatous varieties.

A. In the cancero-sclerous form, the cancer under its usual aspect is sometime the first to be manifested; sometimes, though more rarely, it is preceded by the syphilitic lesion; and, after a certain interval, we are confronted by a sort of mongrel condition, compounded of the products of incipient cancer, and the changes due to the sclerous glossitis. The appearance of the tongue is then as follows: The organ is enlarged, and displays the cancerous formation. If this be superficial, as a hard swelling, irregularly shaped, of variable size, and more or less prominent, if the epithelioma be interstitial, the tumor is sub-mucous, resistant, elastic, and seated upon an indurated base of undefined dimensions. In the neighborhood of the cancer are observed either the lesions of the superficial sclerous-glossitis—smooth, shining, slightly-reddened indurations, circumscribed, or co-extensive with the mucous membrane—or, more frequently, all the evidences of a dermo-parenchymatous glossitis, which hardness is disfuse and downward-reaching, so as to impart a peculiar sensation to the examining finger.

We cannot here delineate the affection in all its aspects. M. Ozenne places them under four classes, which he distinguishes according to the manner in which the hybrid structure is developed —*i. e.*, without ulceration; with a dermic sclerosis resembling psoriasis; with superficial ulcers of the mucous membrane, or with cancerous ulceration properly so-called!

B. In the second form—the cancero-gummatous—the lesions are so closely united that the features peculiar to each of them are almost entirely effaced; we have an excavated ulcer with an indurated base like that of a cancer, but without the perpendicular walls or bleeding surface characteristic of the latter. Sometimes, also, other ulcers are found in the vicinity.

C. The third or cancero-sclero-gummatous variety is the most complex; it combines the gumma, the cancer, and the dermo-parenchymatous sclerosis in very various proportions, sometimes manifesting one of these components quite distinctly, and sometimes blending them in utter confusion—thus presenting an exceedingly diversified appearance.

Such are the distinguishing marks of syphilitic cancer of the mouth—marks which are reproduced when the lesion is situated on the tonsil, the cheek, or the lips. As to its functional symptoms, these consist almost wholly in a diminution of the disturbances caused by either of the diatheses when alone present. Thus, hemorrhage is seldom met with, and pain, so frequent an accompaniment of uncomplicated cancer, is generally absent. Despite these advantages, the termination is no less fatal; since, as M. Verneuil has remarked, the prognosis depends upon that of the predominant neoplasm, and this, in the dual affection we are speaking of, is always cancerous. Treatment with iodine should always be resorted to when the existence of a syphilitic cancer is apprehended, as being undoubtedly applicable to the specific element in the disease, but should not be kept up too long, for fear of affecting the cancer. The latter is sometimes amenable to surgery. But it must be borne in mind that mercury, so injurious in ordinary buccal cancer, is here also to be absolutely proscribed.

M. Ozenne concludes by citing several cases of syphilitic cancer affecting the nipple, the penis, the testicles, etc.—*Journal of Cutaneous and Venereal Diseases*, May, 1885.

Medical Items.

The following story is told of a physician of Dayton, O.: The doctor was recently attending a case of labor in the family of one of his patrons, who, though a very excellent man, is a little slow in the payment of his medical bills. Immediately after the birth of the child, the father nervously asked: "Doctor, is the baby marked?" "Yes," quietly remarked the doctor, "it is marked 'C. O. D.'" The bill for that baby was promptly settled.—*Louisville Med. News.*

Dr. William Bailey, of Louisville, Ky., has been elected to the Chair of Materia Medica in the University of Louisville.

The first prize, a gold medal, has been awarded to Mellen's Food, at the New Orleans Exposition, for its superiority as a food for infants and invalids.

The fortieth annual meeting of the Ohio State Medical Society will be held at Dayton, on June 3d, 4th and 5th.

Dr. Pantalloni, a prominent figure in Italian practice and in medicine, died recently in Rome.

The American Climatological Association will hold its second annual session at the hall of the Academy of Medicine, New York, May 27th and 28th, under the presidency of Dr. A. L. Loomis. A number of papers will be read.

The death of Prof. Henle, the well-known anatomist, is reported to have taken place in Berlin, on the 18th inst.

Obituary.

William Miller Archer Steele Maxwell, the subject of this sketch, was born near Pleasant Grove, Lancaster County, Penna., January 10th, 1820.

He was the sixth child of Robert Maxwell, a Scotchman, and Harriet Steele, Irish descent, a daughter of Gen. Steele, of Revolutionary fame. His parents being strict Presbyterians, William was brought up in that faith, and the precepts and example of his parents left an impress on his youthful mind that in after life tended to form a character that was the admiration of all who knew him.

He attended country school until thirteen years of age; then entered Delaware College, Newark, Del., where he remained two years, next entering Rutgers College, New Jersey.

He began the study of medicine in 1838, in the office Dr. John L. Atlee, Lancaster City, Penna. The next year he entered the office of the renowned surgeon, Dr. George McClellan, of Philadelphia, and received his diploma from the Faculty of the Medical College of Pennsylvania in the spring of 1841. His diploma bears the names of Morton, Rush, George and Samuel McClellan, Colburn and Johnston.

He began the practice of medicine at North East, Cecil Co., Md., in 1842; moved to Still Pond, Kent Co., Md., in 1847, where he attended to a large practice until prostrated by disease, August, 1884.

From 1850 to 1872 he was not absent from his practice a single day. About the year 1862 he united with the Red-Brick Presbyterian Church, and when the Presbyterian Church at Kennedyville was organized he was made Ruling Elder, which position he filled until death. Though strict in his faith, he was by no means a bigot and loved all branches of the Christian Church.

The last ten years of his life were years of affliction. An epithelioma of the face made its appearance about 1873, and though operated upon by our best surgeons five times, it as often returned. Notwithstanding, he continued his practice with unremitting care until prostrated by hemorrhage from the lungs in August, 1884. He failed gradually from that time, and quietly and peacefully breathed his last Saturday, May 16th, 1885, at 6 o'clock P. M. He married, in 1845, Annie Maria Price, of Kent Co., Md., who survives him. He left one child, a son, Dr. W. S. Maxwell, who has practiced with him for the last twelve years past.

He was exceedingly fond of agriculture, particularly fruit-growing, and in the last ten years of his life spent many of his leisure hours in that pursuit.

No man has commanded the respect and love of a people more than the deceased, as was evidenced on the day of his funeral; the stores, schools and shops were closed, all public business suspended, and the people assembled *en masse* to pay the last tribute of respect to one who had labored so long and faithfully for their relief.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the week ending May 23, 1885.

Mead, F. W., Passed Assistant Surgeon. Detailed as member of Board for physical examination of candidates for appointment as cadets in the Revenue Marine Service. May 18, 1885.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department U. S. Army, from May 19, 1885, to May 25, 1885.

Capt. Calvin DeWitt, Assistant Surgeon, ordered for duty at Newport Barracks, Kentucky.

Capt. A. A. DeLoffre, Assistant Surgeon, relieved from duty at Fort Sessiton, D. T., and ordered to Fort Totten, D. T.

Capt. Louis Brechemire, Assistant Surgeon, ordered for temporary duty at Fort Omaha, Neb.

First Leiutenant Benjamin Munday, Assistant Surgeon, relieved from duty at Fort Klamath, Oregon, and ordered to Fort Walla Walla, W. T.

Original Articles.

THE WEST VIRGINIA VACCINE APPROPRIATION BILL.*

BY R. S. HENRY, A. M., M. D., OF CHARLESTON, W. VA.

Mr. H. C. McWhorter, one of the representatives to the Legislature from this county, made himself quite conspicuous just before the adjournment of that body, by the very adroit opposition to the State vaccine appropriation bill.

We understand that by one grand agonistic display of his powers, he succeeded in making such an impression upon the minds of his fellow-members that they voted with him to dispense with the vaccine appropriation.

If this is all of Mr. McWhorter's career in the Legislature, it has been a sad failure; and so far from being productive of any good to his constituents, he has done not only them, but the entire State of West Virginia, a vast deal of harm. He has robbed it for the next two years, at least, of the only safeguard the *masses* of its people possess against that greatest and most dreaded scourge with which humanity has ever been afflicted, viz., small-pox.

Instead of representing his constituents, he has represented only a small majority of them, and *fully* represented his own prejudiced, fanatical and ignorant ideas upon this important question.

His presumption in this matter is unparalleled. How adroit he is in his harangue before the assembly!

He appeals to their sympathy by calling up a *supposed* case in his own family. It is not surprising that his colleagues sided with him. He tells them that he has studied the subject (a subject they did not presume to know *anything* about), that he is prepared to say to them that vaccination is a sin and productive of evil. They, no doubt, so do we, believe that Mr. McWhorter was honest in what he *said*. They did not stop to consider that they were listening to the prejudiced and fanatical side of a scientific question; they did not know that Mr. McWhorter's statements were contrary to all facts, statistics and clinical experience. We denounce his statements before the Legislature as such, and can so prove them.

He has undertaken to discuss a scientific question, and has posted himself upon the superstitious and prejudiced side only. His very statements prove his ignorance of the question of vaccination, and its efficacy as a prophylactic measure against small-pox. In few words: we regard his argument against vaccination as presumptive, ignorant and prejudiced, and the evidence he adduced in support of it the most far-fetched and flimsy we have ever heard a lawyer produce. Mr. McWhorter has made some positive assertions and grave charges. He should be prepared to prove his assertions, and substantiate these charges. He is prosecuting attorney; we are defendants. The *onus probandi* is with him. The first count in the indictment charges, "that vaccination is a sin and a humbug." The foolish cavils urged by the gentleman to support this charge, are the same offered eighty-five years ago by men far more competent and conservative than he.

They had the judgment and good sense to see what asinegoes they had been, and when shown the great blessings of vaccination became warm advocates of it.

Now, if Mr. McWhorter is honest in his statements, as to vaccination being a "sin and a humbug," pray, let him revel in this idea until its vile incontinence takes away both reason and sense, and not go before the West Virginia Legislature, at so untimely an hour, and proselyte them to this false doctrine.

Vaccination has triumphed over all the objections urged against it since its introduction in 1796; and its advocates feel no fear as to its annihilation at the hands of Mr. McWhorter. It is with a feeling of compassion that we read the statements of this deluded legislator, and we are sorry that he has given utterance to so unwarranted an assertion. Is doing good, and saving the lives of

* A report made to the Kanawha Medical Society at a special meeting, April 25th, 1885, and adopted by that Association.

thousands annually, a sin? Are the results achieved by vaccination, prevention of small-pox in many cases, in others, modifying its violence; "a humbug?" Is Mr. McWhorter so prejudiced and obstinate as to deny the teachings of our greatest benefactors? See what vaccination has done, and then let the unbiased answer if it be a blessing or a curse.

In 1796 Jenner first made vaccination popular in England, from there it spread rapidly to other countries, and was heralded as a great blessing to suffering humanity. We will not, at this time, give a long array of statistics. We will take that of *England alone. There*, in the last half of the eigthteenth century, out of every 1,000 people who died, 96 died of small-pox; after vaccination was adopted, out of every 1,000 who died, 35 died of small-pox, 61 lives saved in each 1,000. Is this saving of 61 lives in each 1,000 "a sin and a humbug?"

Such statistics can be continued, but it is unnecessary. Take those of any country where vaccination is carefully performed and they show similar results. Without vaccination the deaths in this country from small-pox would be 150,000 a year; truly, this saving of human life can be "*no* sin and *no* humbug."

Our manufacturing industries and commercial relations are not now so unsettled and undisturbed as formerly over the small-pox scare; for those vaccinated feel safe and continue at their duties as if nothing had occurred, thus saving, as the case may be, millions of money to cities and corporations. So prevalent is the opinion that vaccination is a preventive of small-pox, or a modifyer of its violence, that first-class insurance companies refuse to accept those who have not been successfully vaccinated. No, this assertion of Mr. McWhorter is a very grievous and dangerous error, and can never be substantiated: for what saves life and property and administers to our comfort, safety and health is a blessing, and not "a sin and a humbug," and those men who seek a royal road to notoriety and fame by the promulgation of such rash and dangerous doctrines will soon be drowned by the blasts of public opinion in the sea of oblivion.

"Oh, hateful error, melancholy's child,
Why dost thou show to the apt thoughts of men
The things that *are not.*
Oh, error, soon conceived,
Thou never com'st with a happy birth,
But kill'st the mother that engendered thee."

The second charge which the gentleman makes is that:

"*Vaccination inoculates the system with four or five diseases to prevent one, many of these diseases are worse than small-pox.*"

This is a reckless assertion. Instead of inoculating the system with other diseases vaccination can be made absolutely harmless. An efficient vaccination of the whole population is the sure road to the *extinction* of small-pox. If this State of West Virginia has any duties at all toward her citizens in regard to their health, certainly it is that of providing compulsory vaccination and having it efficiently performed. We know and fully realize the great popular ignorance of medical subjects, and its disastrous influence on the discussion of such a subject which, from its general interest, necessarily becomes public property.

It is very easy to raise the terror of infection in the minds of those unacquainted with the principles of pathology, and extremely difficult to explain to those once frightened, the deceptive nature of the cry thus raised; and thus it was easy for those seeking notoriety by advocating the anti-conpulsion vaccination cause, to make many believe that certain constitutional diseases had been, and could be transferred by the medium of vaccination. Syphilis and scrofula were particularly dwelt upon when humanized lymph was used. We will admit that syphilis might be inoculated by gross careless, just as it might be inoculated in any surgical operation by a knife fouled with syphilitic matter; but that syphilis has ever been conveyed as a true result of vaccination we deny, and if negative evidence is ever sufficient to disprove a theory, assuredly the conditions of the disproof of vaccino-syphilis have already been fulfilled.

The weight of testimony upon this question is enormous, and far greater than can be produced in the discussion of any ordinary topic either in scientific

or other fields of inquiry. In fact, all the labors of learned pathologists go to show that two poisons cannot be conveyed by one lymph, and afford evidence of the most positive kind against the possibility of transmitting syphilis by *vaccino-lymph* taken out of a true Jennerian vesicle. At the present day humanized lymph is seldom used. Other diseases, as various skin eruptions, it has been alleged, have been transferred through the medium of vaccination, but upon analysis they have been found to be allegations only. Multitudes of children are naturally predisposed to the commoner eruptions, and vaccination may be one of those trifling constitutional irritations which can precipitate the first appearance of such eruptive disease. Had we the time and space, we would discuss at length this part of the subject, and note some of the overwhelming negative evidence to the above charge, which logical inquiry and careful pathological research have elicited; but it is unnecessary, and would render this article too long. To make such a charge as Mr. McWhorter does to vaccination is ridiculous; he has simply been led asttay by the monstrous fables and absurd alarms which have been circulated from time to time as to the conveyance of horrible infections by the medium of vaccine lymph.

The third count alleges that:

"*More deaths resulted from vaccination than from small-pox.*"

This is a false statement; for if it were true, about one out of every four cases vaccinated would die. We doubt if Mr. McWhorter is able to point to another case of death which he would attribute to vaccination. The statistics given above as to England's mortality sufficiently dispose of this false charge. Now, the evidence which Mr. Whorter adduces to substantiate all these allegations is an isolated case in his own family.

He charges "*that his wife was murdered by this iniquitous practice*," viz.: vaccination. We regret that we are obliged to refer to the case, but since Mr. McWhorter has seen proper to proclaim it in the legislature of our State, it is our privilege to discuss it, which we will do as briefly as possible. We will give the facts in the case as learned from the attending physicians, endeavoring, as we have done, to learn the truth of all that took place. These physicians are gentlemen of character and large experience in their profession, and do not agree with Mr. McWhorter in his statements concerning the matter. The lady, in common with other members of the family, was vaccinated; after vaccination she suffered from phlegmonous erysipelas, and was also unfortunate in giving birth to a premature child. She was sick for three or four months and then died. Now we know, from the abundance of evidence at our command, that miscarriages are vastly more injurious than vaccination. That vaccination is rarely attended with symptoms that give us more than annoyance and slight inconvenience while it is running its course. We know that there are a few cases on record whose fatal sickness has commenced during the course of vaccination, but in these cases, after full and impartial investigation, it has been proven that death was a coincidence and not the true result of vaccination; and it would be clearly criminal to propose that we should for one moment forego the all-protective advantages of vaccination from a fear of such occurences.

Hepatotomy and Laparotomy Abroad. —The *British Medical Journal* says: On May 6th Mr. Lawson Tait performed laparotomy and hepatotomy at Nice, on Professor Budin, of the Faculty of Paris. Professor Budin has been ill for two years past. His symptoms pointed from the first to some abnormal condition of liver. A consultation between Professors Tarnier, Brouardel, Bonchardat, and Drs. Bar and Tham, took place when it was decided that laparotomy should be resorted to. Mr. Lawson Tait was asked to go to Nice to do this. On cutting into the liver he found a tumor containing a great mass of hydatids, which he successfully removed. A drainage tube was left in the wound. Since the operation Professor Budin has made an uninterrupted recovery.

Clinical Lecture.

A CLINICAL LECTURE ON SPINAL ABSCESS, AND ITS TREATMENT.*

BY GEORGE COWELL, F. R. C. S.,

Senior Surgeon to, and Lecturer on Surgery and Ophthalmic Surgery at, Westminster Hospital, London.

GENTLEMEN:—There is a class of cases that very frequently comes before us in hospital practice, in which there is still room for improvement in our methods of treatment. Spinal caries is a very common disease. It is not so common amongst the very poor as it is amongst the class just above them. The gutter-children are almost constantly out in the open air, and are as hardy as town-children can be. But amongst the children of parents who are too respectable to allow their children to play in the open streets, and who therefore keep them shut up in more or less unwholesome rooms, the diseases of a tubercular type are fearfully common, and amongst these cases are many of caries of some part of the spinal column. The spine is very liable to injury from falls and blows; and injuries of this kind, unless they be so severe that the patient is at once carried to a hospital, are not very likely to receive the care and rest which are in most cases essential to recovery, and disease is therefore a frequent result. Spinal caries soon results in deformity, from the destruction and absorption of the carious bone; and sooner or later that deformity, and the irritation which must be associated with it, promote the formation of an abscess. These abscesses in their early stages are often overlooked. Sometimes very little treatment is adopted until the patients, not necessarily all children, are brought or come to the hospital with an abscess of considerable size. Several cases of this kind have been under treatment in the surgical wards from time to time. One was brought in almost moribund, from extensive caries and long continued suppuration, but the rest have gone to convalescent homes, with good promise of recovery. The last of these is the boy who leaves the St. Matthew Ward to-day, a most satisfactory example of what may be done for this class of cases, and affording us a suitable text for our lecture to-day.

Now there is some difficulty in recognizing the beginnings of these abscesses. They are naturally chronic and insidious. They may commence, as you know, in almost any position around the carious bone, and sometimes at a little distance from it. When once they begin, the pus may travel in a good many different directions, and finally point in some part remote from the source of irritation. When the abscesses travel backwards, they will soon become evident in the back by swelling and fluctuation on one side, or sometimes on both sides, of the spinal column. There is no excuse for not recognizing them early. In the majority of these, however, the abscesses commence in the neighborhood of the bodies of the vertebræ, and will not be recognized either until they have attained a large size, or until they have extended downwards, and have approached the surface in the loin, in the groin above Poupart's ligament, in the perineum, in the upper part of the thigh, and even, occasionally, in some other part of the thigh or leg. These abscesses sometimes burst into the rectum, or may burrow through the obturator foramen to the back of the thigh, and point behind the great trochanter. The abscess will usually receive a different name in each position, but the disease is the same in all, and the treatment must be on the same principles.

In two of the cases that have been under treatment the abscesss had travelled backwards, and were found as dorsal abscesses on one side of the spine. In three, the collections of pus were psoas abscesses, and presented in the upper part of the thigh, in front of the insertion of the psoas muscle. And in the case before us there were the remains of a psoas abscess on one side, with a large similar abscess on the other side, but presenting above Poupart's ligament.

Before speaking to you of the treatment of these abscesses, let me impress

* From the *Br. Med. Jl.*, May 19, 1885.

upon you the importance of preventing their formation by the early recognition and proper treatment of the spinal caries which may cause them. Of course this can only be done when the cases come to you for treatment in the early stages of the disease. I would advise you never to look lightly upon dorsal or lumbar pain (I shall say nothing of cervical cases to-day), and especially after any history of an injury to the back, without a most careful examination as to the existence of any diminution of mobility, and of any tenderness in any part of the spinal column. These two symptoms are present from the very beginning of spinal disease. You will never find spinal disease without them, although you may get both symptoms with the mere hysterical simulation of the disease. I have, before, told you how you may diagnose those latter cases, and will not stop to do so now. I will only say that it will be better, if you are in doubt, to apply extension to cases where no disease exists, than to overlook and neglect the treatment of a case in which there is any spinal disease. By proper extension by means of a plaster-jacket—and you are all of you familiar with my colleague Mr. Richard Davy's admirable plan of applying them—taking thereby all weight from the spinal column, and ensuring perfect rest to the bones affected, the formation of an abscess may generally be prevented. The same treatment will often arrest the extension of an abscess already beginning, and lead to the contraction of the abscess cavity, and absorption of the pus which has been formed. The lower in the spinal column the disease is situated, the more effective this treatment will be. To ensure complete rest to the part, it is necessary that the jacket should be so applied that it grasps the lower part of the pelvis below, and the ribs with the lower portions of the scapulæ above. When these jackets fail, it is generally because they do not get sufficient purchase to thoroughly bear the weight of the upper part of the body, and remove it entirely from the spinal column. It is important to remember that, in cases where the spinal disease has resulted in any paralysis of the lower extremities, these jackets are unsuitable; but in all other cases the sooner the jacket is applied the better your result will be, and hence the importance of making your diagnosis at the earliest possible moment. Another great advantage of this plan of treatment is, you can often avoid that pernicious treatment of these cases, the keeping your patient in bed. Confinement to bed does harm to your patient in three ways. It diminishes his vital powers. It debars him from air and exercise, and thus tends to wasting of his muscles. And it favors the gravitation of the contents of his abscess to dangerous quarters. On the other hand, if the patient be able to rise, and can seek light and air, and take some moderate exercise in the erect position, nutrition is maintained, and suppuration, if it be not arrested, will be encourged to extend downwards along the muscles, in a direction most favorable to recovery.

Support and rest by means of a jacket, and the due maintenance of the health, are, then, the first of the objects of the surgeon in all cases of spinal abscess. Do not be in a hurry to open them, unless they be large, or attended by pain or tension. Under these conditions, the sooner they are relieved the better. But I want you always to remember the possibility of spinal abscesses diminishing and drying up, under a treatment which permits the healing of the bone-lesions. Even if the abscess do not disappear, it is very important to give the active bone mischief time to subside before opening and emptying it. In three, if not four, of the cases above mentioned, the abscesses, which were not opened until a few weeks after the subsidence of all active mischief, contracted and healed very rapidly, the patient continuing to wear a plaster jacket for a few months after leaving the hospital, a precaution against relapse, and also as a support.

When it is necessary to open large or pointing abscesses, let me advise you always to open them very freely. Of course, be most careful in your antiseptic precautions. My early recollection of these cases is that nearly every patient with spinal caries, attended with large psoas or iliac abscess, died. Now, with proper treatment, a large proportion of them

ought to get well, and strict antiseptic dressing will help us much. There is, however, always a difficulty in keeping these cases, when the wound is near the fold of the thigh, perfectly aseptic. The gauze dressings were almost useless, for this purpose, but in the treatment of these cases you have seen large absorbent pads used, as they are more easily kept closely applied to the skin around the wound.

But strongly as I would advise you to be most careful in the use of antiseptics, I wish, at the same time, to accentuate the fact that thorough drainage is as important as, if not more important than, antiseptics. You cannot possibly keep a a long discharging canal clean and free with all the antiseptics in the world, if you have only a small opening. There are other advantages in a free opening. All degenerating contents can be effectually scraped out. The condition of the diseased bone can often be ascertained, and sometimes dead portions of bone and sequestra can be removed, as was shown some years ago by Mr. Furneaux Jordan, of Birmingham. You have seen several of the recent cases successfully treated by free incision, and the boy who leaves the hospital to-day is a remarkable instance. His was a most unpromising case. He was admitted into the hospital, nearly eight months ago, in a state of extreme emaciation. He had a considerable angular curvature in the lower dorsal region, with a discharging sinus, evidently the remains of psoas abscess, on the right side, the old wound in the right thigh being about two inches below Poupart's ligament. On the left side, there was a large abscess, not very prominent when the boy was lying down; but when he sat up in bed, it presented above Poupart's ligament in considerable bulk. The boy was in great pain, and could hardly bear to be touched. Under these circumstances, the immediate application of a jacket was out of the question. The abscess, from its volume and pain, was a source of danger, and must be first relieved. Ether was administered, and, under carbolic spray, an incision, four inches long and somewhat curved, was made above and parallel to, the outer half of Poupart's ligament and the margin of the ilium. A large quantity of pus welled out whilst two fingers were immediately passed along the track of the abscess to the sides of the bodies of the vertebræ. No loose bone could be felt. A quantity of cheesy material was removed, and some broken-down granulation tissue. The wound was thoroughly washed out with weak carbolic lotion, a tube was inserted, some lint dipped in carbolised oil was applied to the wound, and the whole was covered over by a large absorbent pad, kept in position by an evenly applied bandage. The relief was complete. Pain disappeared, the boy's face brightened, and, a few days later, a jacket was applied, and the patient was transferred from the bed to the sofa. The boy had, for a long time been unable to walk; and it was, of course, many weeks before he was strong enough to venture on crutches; but the size of the wound enabled the cavity to be kept clean and empty, and recovery, though slow, was uninterrupted. He is now able to walk well with his crutches, and by the kindness of a governor of the hospital, has had many airings in St. James's Park. His bones are now well covered with fat, and his muscles can be recognized as such. I trust that the change to the convalescent home to which he goes will complete his cure, and that he will soon do without his crutches. He will, of course, have the deformity of his angular curvature, but his spine is fairly consolidated, and will be strong enough, in time, to admit of his doing usual work.

In the patient in Holland Ward with dorsal abscess, the incisions were made at right angles to the spine. In the abscesses that pointed in the thigh, a free vertical incision was made, and you have seen with what favorable results. In some of the cases, in spite of all our care, the caries goes on, and the patients die of prolonged suppuration; but I believe that the number of these may be more and more diminished by early recognition, and treatment by effective spinal support, and, in the cases where large abscesses occur, by the complete drainage and cleanliness which will be promoted by free incision and careful antiseptic precautions.

Hospital Report.

REPORT OF PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL FOR APRIL.

BY HERBERT HARLAN, M. D.,

Attending Surgeon.

Three Cases of Paralysis of Muscles of the Eye.

The attendance during the month aggregated 2977, a daily average of 114. Six hundred and thirty-five new patients were seen and 140 operations were performed. Among these were 16 cataracts, 12 iridectomies, 16 operations for squint, and 11 for palpebral tumors.

During the month, on a single day, there were presented three interesting cases of paralysis.

The first case, a negro man, of about forty, whose left eye was wide open and that half of the face expressionless. It was a case of Bell's paralysis affecting the portio dura of the seventh pair of cranial nerves.

This nerve supplies the orbicularis palpebrarum, which closes the eyelids. The sensation of that side of the face was of course not interfered with. The inability to wink the eye and thus keep out or wipe off small particles of dust set up a conjunctivitis, and for this he came to the hospital. He was given a simple astringent wash and referred to the nervous clinic of the University Hospital.

The second case was a woman, aged 45, whose eyes had been crossed and who was much annoyed by double vision. In her case there was paralysis of the external rectus muscle of the right eye, which is supplied by the sixth pair of cranial nerves.

This was the only muscle affected, and she only complained of the diplopia. Syphilis is always to be suspected in these cases, and although the history could not be clearly made out she was put on specific treatment, and ordered a pair of spectacles, in which the left lens was of plain glass and the right one of ground glass. This device shut out the image from the retina of the right eye, and made her quite comfortable during the time which it will take her to slowly recover from the paralysis.

The third case was one of paralysis of the motor oculi or third pair of cranial nerves, and occurred in a German, aged 54. In this case the eye was closed, and on raising the upper lid the eye-ball was turned outward and slightly upward; the external rectus and superior oblique being the only muscles not supplied by the third pair, they were acting. Every other muscle was absolutely paralysed. In this case there was only double sight when the left eye was opened. He was a tailor by occupation, and complained that in addition to the trouble in his left eye he could not see well with his right, and was entirely unable to work with it. An examination of this showed $V=\frac{15}{LXX}$ and due to myopic astigmatism. A glass of 1.25 D. cyl. at 90° gave him perfect vision and enabled him to do the finest work with comfort. There was a history of chancre five years ago, and he was ordered iod. potass., ℥i; aquæ, ℥i, and ordered to take of this gtt. x t. d., and to increase the dose, three drops daily, until he found the maximum dose that his system would stand. Galvanism was also used three times a week, but the chief dependence was put in the iod. of potash. Two weeks later he was taking forty grains of this three times a day and had so far recovered that he could open his eye widely and use all the recti muscles There was still, however, eversion of the eye-ball, except when he made an effort at convergence. Astigmatism in this eye was now corrected by 0.5 D. cyl. 90°, and he then read Jaeger No. 1 with a little effort with both together. The treatment was continued, and doubtless he will soon be entirely well.

The death of Prof. P. A. Panum, the president of the last International Congress, held at Copenhagen, took place May 3. Prof. Panum was an able physiologist in the University of Copenhagen, but he will probably be better remembered by the profession on account of the very able manner in which he filled the duties of presiding officer of the Congress, which owed its success in great measure to his skill and great labor in its behalf.

Society Reports

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, THURSDAY, MAY 14, 1885

The President, Dr. E. O. Shakespeare, in the Chair.

Dr. De F. Willard presented the history of a case of

FRACTURE OF THE PELVIS; RUPTURE OF THE BLADDER; FRACTURE OF THE FOREARM.

H. C., æt. 23, was admitted to the Presbyterian Hospital, March 27, 1885, having fallen a few hours previously under a backing locomotive, which, when stopped, held him firmly fixed beneath the ash-pan. In starting the engine to extricate him, he was again rolled by this ash-pan, which was not more than fifteen inches above the cross-ties. On admission, no lacerations of the skin were visible, but the contusions about the pelvis were well marked. The pubic, lower abdominal and upper femoral regions were extremely ecchymosed. The right arm and left iliac regions were emphysematous and painful. There were no evidences of urinary infiltration in the perineum or scrotum, although the latter was blackened by ecchymosis. Crepitus was marked at every movement of the pelvis; the left trochanteric region and buttock were much flatter than upon the right side, and pressure increased the deformity so much that it seemed probable that the head of the femur could be pressed into the pelvis through the acetabulum. This was not so as was subsequently proven, but was due to the great mobility of the anterior pelvic fragment. At least two lines of fracture could be discovered at the iliac crest and one at the pubis. Both bones of the right forearm were also broken in the lower third, and there were many contusions of the trunk. A catheter easily introduced into the bladder secured many blood-clots and about two ounces of urine. Shock was not excessive, and although restless during the night, only small doses of morphia were necessary. On the following day the mind was perfectly clear. Vomiting soon occurred, but accompanied by severe abdominal pain. Diligent search was made for extravasated urine as only half an ounce was found in the bladder, but the only suspicious territory was to be found in the left iliac region, and here the ecchymosis and contusion was so great that no positive conclusion could be reached. Temperature 102.1° F., pulse 150. Death occurred on the third day from peritonitis. Post-mortem Complete separation of the symphysis pubis was found, the left fragment with its sharp end having made an opening in the anterior wall of the bladder about one-eighth of an inch in diameter through which aperture a small quantity of urine—say two or three drachms—had found its way into the connective tissue and lay just behind the symphysis. Another fracture extended from behind the anterior superior spinous process downwards just behind the acetabulum, through the ischium—another ran from the centre of the crest into the obturator foramen, and the sacrum was torn from the ileum at its synchondrosis. There was blood in the peritoneal cavity but no pus, and but little lymph. The examination showed that the small collection of urine could not have been reached by puncture, and that the small amount of urine obtained by catheterization was due to suppression and not to its extravasation. The kidneys were much congested. The fractures were undoubtedly produced by the lateral pressure in rolling, which reduced the patient's transverse diameter from seventeen to fifteen inches.

DISCUSSION.

Dr. Wharton said that there were several points of interest, and especially with regard to the urinary symptoms. Did he understand Dr. Willard to say that the catheter had been passed and no urine withdrawn?

Dr. Willard replied: Several times evacuating only a few drachms each time.

Dr. O'Hara would ask the reporter as to the condition of the kidneys. As total suppression of the kidney secretion was

evident it would cast some light upon it to know the pathological expression of shock in the actual condition of the kidneys. Shock is very often a general and unmeaning term, but if there was an actual diseased condition, whether recent or old, it would be well to record it, in reference to the details of the case. Belfield, in "Diseases of the Urinary and Male Sexual Organs," had to his mind negatived many cases of shock, and proved that they depend on "negative pressure" or hyperæmia extraneo." Dr. Belfield seemed to the speaker to have clearly made out the matter in reference to the kidney on anatomical and pathological grounds.

Dr. Willard answered that the kidneys were very much congested.

Dr. Nancrede differed in *to-to* from Dr. O'Hara in his explanation of the suppression of urine in this case. It was well-known experimentally as well as by post-mortem evidence, that in "shock" an enormous accumulation of blood in certain instances took place in the abdominal viscera, due to paralysis of the abdominal vaso-motor system of nerves. Pure congestion—if sufficiently marked—was competent to produce suppression even in a healthy kidney, *and this suppression took place before any catheterization was attempted*, as was distinctly stated by Dr. Willard In Dr. Willard's case, Dr. Belfield's "negative pressure" theory was a mechanical impossibility, as it required a previous *retention* of urine either in a bladder with healthy walls or in one whose parieties were rigid and could not therefore collapse. Neither of these conditions obtained in the case under discussion, and the kidneys had practically ceased to secrete before any catheter was even near the patient for introduction, since he was admitted to the hospital some hours after the accident, when only "about two ounces of bloody urine" was evacuated. Even with regard to the cases where the mechanical conditions were favorable for "hypæmia extraneo," he doubted if this was always the correct explanation. The theory was not new, and he thought was carried far beyond its legitimate limits by Dr. Belfield, with whose work he would assure Dr. O'Hara he was peculiarly familiar.

Dr. De F. Willard presented the history of a case of

OSTEO-MYELITIS OF THE FEMUR.

E. N., æt. 40, female, has had trouble with left femur for six years, sinuses forming from time to time and healing after many months of discharge. On admission to hospital an opening 2½ inches in length and ½ inch in width was found upon the inside of the thigh at the lower third. The bone was thickened to twice its normal size nearly to the trochanters; many cicatrices exist at various points on the thigh. The knee-joint is not swollen or painful, but the foot can only be moved through 40° of the arc of a circle. The discharge from the opening is thin, yellow and very offensive, but not excessive in amount. This sinus has been open for two years. The patient can walk but is unable to work and suffers considerable pain. Injections of solution of chloride of zinc corrected the fetor, and as the former sinuses healed, it was decided not to amputate, although this operation was carefully considered. The opening was accordingly enlarged, and as no sequestrum was found, but the cancellous tissue was much softened, it was gouged and a counter opening was made by boring through the outer shell of the condyle, a drainage tube being afterwards inserted. The wound was thoroughly disinfected and immediately closed with dry sublimate dressings. The cotton used had been prepared with a solution of the corrosive chloride, 1 part to 500, instead of 1 to 1000, as was Dr. Willard's ordinary custom. On the second day the temperature rose to 101° F.; vomiting was quite constant and accompanied by great tenesmus and the frequent passage of bloody mucus. Upon opening the wound it was found that the dressings had vesicated the skin for some distance about the wound. Recognizing the symptoms as probably due to the chloride, iodoform dressings were substituted, with carbolized oil. On the fourth day, possibly by infection from a most virulent and

fatal case of erysipelas, a chill occurred followed by fever with a temperature of 104⅘° F., and upon opening the dressings an erysipelatous inflammation was found extending from the toes to the groin. The diarrhœa and vomiting had ceased. At 8 A. M. the next morning, under quinine and kairin, the temperature was 98°, but in the afternoon, after a chill, it rose to 103° with a pulse of 160, and death took place on the sixth day after operation. On examination the femur from three inches below the trochanters to the condyles was found enlarged to twice its natural size, the outer shell being firm, but the entire internal structure showing marked osteo-myelitic changes. The articular cartilage of the femur was intact, but a ledge of osteophytes prevented anything more than the limited motion of the knee above mentioned. There was no sloughing of the wound and the discharge was odorless. Had amputation at the hip-joint been performed, the result would probably have been more fortunate.

DISCUSSION.

Dr. Davis inquired at what part of the limb did the erysipelas start.

Dr. Willard said that the parts being covered he could not say whether the wound was or was not first affected.

Dr. Nancrede referred to the not uncommon occurrence of the rash at a distance from the wound to the previous constitutional and glandular involvement and said that he thought erysipelas was an eruptive fever just like scarlatina, etc.

Dr. Parish remarked that he had recently seen a patient whose history bore out Dr. Nancrede's remarks, and where the disease appeared at a still more remote point. The patient was one of Dr. Sinkler's, where Dr. Parish had withdrawn by the aspirator, through the vaginal wall, three pints of pus from a pelvic abscess. Erysipelas attacked the face, while at no time was the skin over the swelling or the mucous membrane affected. At the same time that the first abscess was opened, another more deeply situated had been recognized. To show the dependence of the erysipelas on the local condition, as soon as the second abscess was evacuated through the abdominal wall of another three pints of pus, the erysipelas disappeared like magic, clearly demonstrating to Dr. Parish the interdependence of the two conditions.

Dr. J. K. Mitchell presented a specimen of

ENCEPHALOID DISEASE OF THE STOMACH.

The facts of the case, from which the specimen presented to the Society was taken, are as follows:

J. M., an Irish teamster, aged 63, was admitted to the Episcopal Hospital, November 28th, 1884.

His family history was good, and his own, except that he had been a drinking man, and had had lead-poisoning four years previously. For two months before admission he had suffered constant pain in the epigastrium. For a week his abdomen had been swelling, and he had complained of a constant ache in the back. No cardiac murmur could be heard. The resonance of both lungs was generally impaired; breath sounds were absent at both bases for a space of about four inches deep. There were percussion flatness and marked ægophony over the same extent of surface. A general atheroma of the vessels was present. His bowels were constipated, his urine very scanty, measuring about eighteen fluid-ounces daily—sometimes less, alkaline in reaction, dark-colored and mal-odorous. Not a trace of albumen could be found after repeated examinations by picric acid, Heller's test or heat. After several trials Dr. Lewis, in whose charge the patient was, found pale hyaline casts containing pus-cells, and made the sketch of them, which I have here.

Basham's mixture, digitalis, occasional diaphoresis produced by means of pilocarpin, elaterium to evacuate the bowels, and liquid diet made up the treatment. The man would take no solid food, but drank large quanties of milk. The œdema lessened for a time but recommenced at the end of about six weeks and about the same time he began to complain that everything taken into the stomach pro-

duced a painful sense of fulness, nevertheless he continued to take from three to four quarts of milk daily. A portion of this was given to him pancreatized, and the feeling of distention was thus for a time relieved. At the end of January he had a severe and obstinate seizure of diarrhœa, and failed rapidly.

Autopsy: fourteen hours after death. Frame emaciated; belly greatly distended. On opening the abdomen the omentum was found very hard, much thickened and quite white, and covered with small pale yellow nodules closely packed together; the whole was tightly adherent to the neighboring structures, so that to move it moved both stomach and intestines. The liver was small and pale, but of natural consistence and appearance on section. The gall-bladder was firmly fastened by adhesions to the liver and to the intestines. Both kidneys were small, very little congested, the capsules easily stripped off, and, except that in each were one or two small cysts filled with clear watery fluid, showed no signs of disease. The abdominal cavity contained about sixteen pints of clear yellow fluid. The heart was small; its cavities were filled with little red and white clots, and the valves were all perfectly competent. The lungs were much congested at the bases, and somewhat compressed by the abdominal distention, but had no other evidence of disease. The stomach, which I here present to you, was small, very hard to the touch, and externally felt tough. On opening it nearly the whole internal surface, but more especially the posterior wall, about its middle, was found covered with masses of hard elevated nodules, grayish-red or black on their tops, with diffuse inflammation surrounding the base of each. Among these some were softer than others, and in some the most elevated portion was ulcerated. The walls of the organ were very hard and firm.

The appearance suggested to me a diffuse carcinoma, and on making some sections, and examining microscopically, I was still more inclined to this view. Dr. F. P. Henry, who also examined some sections, found no evidences of cancer, and Dr. J. H. C. Simes, after also examining specimens, thought cancer possible, but doubtful.

The pyloric orifice does not appear closed at all, but there is a slightly increased induration about which may prove to be the scirrhus from which the formation on the posterior walls has spread. The growth had all the macroscopic appearance of encephaloid and occupied the more usual seat of that disease. The thickening of the walls of the stomach may too be due to that hypertrophy of the muscular coats, which not uncommonly occurs when an extended growth of carcinoma exists—and adhesions, such as I have described, also are frequently found in such a condition.

I should like to submit the specimen for the consideration of the Committee on Morbid Growths, who will, I hope, determine its character.

Drs. Henry and Simes having both examined sections microscopically, were unable to detect anything beyond atrophy of the glandular elements with hyperplasia of the connective tissue.

Dr. O'Hara asked if there had been any symptoms of stomach disease.

Dr. Mitchell replied that there had been almost complete absence of stomach symptoms; the patient complained of a feeling of distention after taking food, but vomiting had never occurred, except after the administration of jaborandi.

Dr. W. A. Edwards inquired whether the nodular omental masses had been examined microscopically, and also what was the condition of the other glands throughout the body, as a knowledge of the condition of these structures would throw some light on the case.

Dr. Osler said that in the absence of evidence of carcinoma he thought that the case must be referred to general cirrhosis of the stomach, of which he had seen two cases; one involving the stomach, the other both that organ with the cæcum and a small portion of the colon. In both cases the actual presence of carcinoma could be excluded. He thought Dr. Mitchell's case was possibly one of this rare disease characterized by atrophy of the glands and increase of

the fibrous stroma. He thought, however, that the omental nodules should be examined, for it is well-known that in some cases of carcinoma of the stomach with much thickening around the pylorus, etc., we could only be certain of the diagnosis by examination of the secondary nodules. In his cases there had been no adhesions of the stomach to other viscera.

Dr. Mitchell said that he was unacquainted with cirrhosis of the stomach, but that if his specimen were regarded as one of that disease, it left unaccounted for the actual or impending ulceration of one-third of the posterior wall of the stomach.

Dr. DeSchweinitz presented for Dr. Randall a specimen of mastoid disease and meningitis, the notes of which will be published elsewhere.

Dr. E. O. Shakespeare made an interesting report of the facts arrived at by Dr. French and himself during their investigations of the recent typhoid outbreak at Plymouth, Pa.

Urticaria and Dyspepsia.—In the *Med. and Surg. Rep.* Dr. Banham gives brief notes of a case of urticaria occurring in an intelligent woman, æt. 25, which had recurred almost daily for two years past, and which had been accompanied frequently with dysphagia to such a degree that when she sat down to a meal swallowing was often found impossible, and the attempt induced such serious attacks of choking that those around were greatly alarmed. The patient had never shown any indications of hysteria. Dr. Banham saw this patient for the first time three weeks ago. He gave her careful directions as to diet and attention to the state of the bowels, and ordered her a mixture of bismuth and nux vomica, to be taken before meals. Within a day or two the attacks of uticaria subsided, as well as the dysphagia. He thought it not impossible that the difficulties of swallowing had arisen from the mucous membrane of the throat being affected in a manner similar to that of the skin.

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BALTIMORE, JUNE 6, 1885.

Editorial.

Untoward Effects Produced by Drugs from Changes Due to Age and Exposure.—Under this head Dr. Jos. Schmidt, of Philadelphia, (*Ther. Gazette*, May, 1885) calls attention to the subject of the probable changes in various drugs and the possible ill effects thereof. The author believes that frequently the unlookedfor effects of drugs, now put down as idiosyncrasies on the part of the patient, are not idiosyncrasies at all, but in reality are caused by some substance derived from the chemical change of the drug itself; a thorough investigation of the drugs in most instances revealing chemical changes in them sufficient to account for the undue therapeutic effect. The changes which may occur in powerful therapeutic agents, as narcotics and anæsthetics, naturally demand the concentration of our interest on this subject.

A case reported by Hager, a German pharmacologist of note, is referred to, in which a marked emetic effect followed the hypodermic administration of a three per cent. solution of hydrochlorate of morphine, the same solution having been twice used previously with no undue effects. This occasioned a careful examination of the solution, with the result of finding apomorphine present. Other solutions were likewise examined, and it was found that with certainty the solutions of hydrochlorate of morphine showed traces of apomorphine within four to six weeks. Hence it is not safe to employ solutions of this drug which have been prepared more than one

month. This also demonstrates that it is preferable to prepare the solutions for hypodermic injection as desired for use.

Chloroform is another drug which has long been suspected of undergoing occasional decomposition and forming new chemical products, and it is certain that not all of its occasionally observed untoward effects can be attributed to heart disease or idiosyncracy. Personur, in 1877, denying that light and air could affect chloroform chemically, assumed that such decomposition originated from the presence of chloral, through which spontaneous disintegration in chloride of carbonyl ($C_2O_2Cl_2$) resulted. Reynaulds asserted, however, that pure chloroform protected from the sun-light at its preparation, when exposed to light decomposed within two to five days, according to the season, the resulting product being chlorine, chloride of carbonyl and muriatic acid. When protected from light but exposed to air it remained intact for fifteen months. Chloral seems to have no share in the decomposition, but ethylic alcohol, sulphuric and acetic ethers, etc., added in small quantity (1–1000) to chloroform will ensure the preservation of the latter.

Solutions of salicylate of sodium made with ordinary water tend to decompose rapidly, as shown by the appearance of the black and brown color, in a few hours. Markovick has lately published the following formula for a successful preservation of these solutions:

Acid salicyl., ʒ vij.
Sodii hydrocarb., ʒ iijss.
Aq. dest. puriss., f ʒ xii.

The acid and water being mixed first, and the soda gradually added. When liberation of gases ceases, the mixture is warmed and filtered and water finally added.

Cocaine furnishes another instance of chemical change, and there can be no doubt of the reason of the long obscurity of this drug in spite of its unrivalled analgesic and reflex inhibitory capacities, which were to some extent known. It was the uncertainty of the action of the impure drug, as then obtained, which rendered it undesirable and sentenced it to temporary oblivion. The interesting part that cocaine under some conditions is capable of breaking up into benzoic acid and other compounds may explain the many mysterious failures of the drug to act with the expected efficiency.

The author concludes by calling attention to some cases which have heretofore been attributed to idiosyncracy, but which, in his opinion, were due to chemical changes in the drugs. In this catagory he includes some of the reported unusual effects of quinine and other drugs; also many deaths from anæsthetics when no cardiac lesion existed. He expresses his belief that the bromide of ethyl, if procured pure and preserved from chemical decomposition, is an almost perfectly safe anæsthetic, exceeding in this respect even chloroform and ether; and that a fatal termination of an anæsthesia produced by it is to be ascribed to the formation in it of some foreign toxic principle, most probably free bromide or bromide of carbon. According to Dr. Harrel, the source of this danger is eliminated by mixing the commercial specimen with five per cent. of olive oil, and agitating it from time to time for twenty-four hours, and finally distilling it in a water-bath. The subject of this distillation being absolutely pure bromide of ethyl, an anæsthetic as equally harmless as powerful.

On Nutritive Dressing of Large Granulating Surfaces.—The idea of applying nutritive dressings to wounds seems to us to be one worthy of the attention of the profession. In those extreme cases in which the life of the patient is being sapped by the constant drain of a large suppurating surface, we may be, by this means, enabled to furnish to the weakened system, through the absorbent powers of the thin-walled capillaries of the granulations of the wound, the nourishment which will enable it to withstand the large demands being made upon it, and to finally overthrow its burden by bringing about a complete cicatrization of the surface. Our attention has been called to this subject by a paper in the *Therapeutic Gazette* for May, 1885, by Dr. Wm. Barton Hopkins, of Philadelphia, who reports a

case of severe injury, in which continued suppuration had gradually undermined a vigorous constitution, hectic had set in, and the patient was rapidly weakening. Assuming that a sufficiently large granulating surface might be made use of with benefit as a means of administering nutritive material without interferring with the processes of cicatrization, an emulsion of cod-liver oil, with five grains each of pepsin and pancreatin to the ounce, was employed as a nutritive dressii g. The ulcer was dressed once a day with lint saturated with the oil. A very decided change, both of the general and the local conditions, was observed to take place; the effects upon the ulcer being clearly secondary to the benefit to the general condition, as no changes was noticed in it until after marked improvement in the latter had occurred. After improvement had begun, the cicatrization progressed with remarkable rapidity.

As the general treatment was not changed, we see no reason to doubt that the successful issue of the case was brought about by the nutritive dressing; and we coincide with Dr. Hopkins in that although positive tests of this plan of treatment are necessary in order to estimate properly its value as a therapuetic means of combating the exhaustion due to excessive suppuration from extensive loss of cutaneous tissue, should the tests corroborate the evidence adduced in the case cited, the method will be of great value, especially in extensive burns, in which life is often lost because of the inability of the digestive system to supply sufficient nourishment to compensate for the great waste of the excessive suppuration.

On the Use of Iodoform.—The introduction of iodoform as an antiseptic agent in the treatment of wounds was due to Prof. Mosetig Moorhof, of the Wieder Hospital, Vienna, 1881 or 82. Since then its employment has been very extensive the world over, and, notwithstanding an occasional case of more or less serious poisoning from its use, it still holds its own as one of the cheapest, safest and most efficacious antiseptics in use. Articles and reports upon the use of this drug have appeared in the periodicals of all civilized countries, until now its action, its advantages and dangers are both generally known. In our own city it is the antiseptic most generally used in the dressing of wounds, and the results are almost uniformly satisfactory.

It is with great interest that we learn the results of Dr. Mosetig's ripe experience, as narrated in the *Centralblatt für Chirurgie* of April 25, 1885. He has employed iodoform in the treatment of about 11,000 patients, and has not observed symptoms of poisoning in a single case. He supposes this immunity of be due to two causes. 1. The employment of perfectly pure iodoform dressings without admixture with any other antiseptic. He says: Iodoform poisoning ought to occur only in a mixed dressing. 2. When a small amount of chemically pure iodoform is employed only one application is usually allowed, and the dressing is seldom changed. Too much iodoform acts as an useless foreign body.

The iodoform is used in the following forms:

1. In a fine powder with an insufflator.
2. In pencils, made elastic with gelatine, sufficient gum or cocoa butter. These are inserted into fistulæ and sinusses.
3. In 30 to 50 per cent iodoform gause, made by simple impregnation with an ethereal solution.
4. In emulsion: iodoform, 10 to 15 per cent.; glycerine and water, equal parts; gum tragacanth, ¼ per cent.; for injection into the cavities of wounds, joints and cold abscesses.
5. In solution: iodoform, 1,0; benzo, 9,0; ol. vaselin, 11,0; ol. ganetherine, ql. ij. for injection into gritres and lymphadenoma—to which have not become caseous.

The author repeats his previously reported opinion that, "Iodoform is not only a splendid antiseptic, but is also equally efficacious against tuberculosis."

Dr. John Lowe, of Lynn, England, has been gazetted as Honorary Physician to His Royal Highness the Prince of Wales.

Reviews, Books and Pamphlets.

Minor Surgical Gynæcology. For the Use of the Advanced Student and General Practitioner. By Paul F. Mundé, M. D., Professor of Gynæcology at the New York Polyclinic and at Dartmouth College, etc. Second Edition, Revised and Enlarged. With Three Hundred and Twenty-one Illustrations. New York: William Wood & Co. 1885. Pp. xxii–552. Baltimore: Cushing & Bailey.

The first edition of this work appeared in Wood's Library for 1880, and at once attracted wide attention and notice. The object of the work was to supply the details of gynæcological technique and practice not usually found in more comprehensive text-books upon gynæcology. The author was peculiarly successful in his aim, and he succeeded in giving to the profession a work of decided merit. The demand for the first edition was large, and soon necessitated a revision and publication of this second edition apart from the Library series. Without destroying the main features of the first edition, now so well-known and familiar to students of gynæcological literature, the author has made numerous interpolations and emendations, and has added a new part containing rules governing gynæcological operations in general, and a minute description of the operations for laceration of the cervix and perineum, and prolapsus of the uterus and vagina.

The views of the author are trustworthy and conservative; his methods may be regarded judicious, well-considered and practical. As might be expected, his teachings are biased in certain directions where personal experience has confirmed his own methods of dealing with certain conditions. An author is expected to give his own methods and views as well as those of other high authorities on the subjects under consideration. We are not disposed, therefore, to find fault with Dr. Mundé for introducing his own personality into his work. The work is not a compilation of gynæcological subjects simply thrown together into a text-book, but it has the merit of originality, independence and large individual experience. Its numerous practical suggestions have been measured by actual demonstration and original study. The work is one which can be safely commended to the practitioner and student.

Berlin as a Medical Centre. By Horatio R. Bigelow, M. D., of Washington, D. C. Reprint from the *New England Medical Monthly.* Sandy Hook, Conn.: New England Publishing Co. 1885. Pp. 117.

This book has been prepared especially as a guide for medical practitioners and students. The author, who is at this time a student in Berlin, has enjoyed peculiar advantages for the preparation of such a work as the one before us, and he has succeeded in bringing together the greatest number of practical suggestions to aid the medical man who seeks a home in the German Capitol. The book will be found invaluable to every physician or medical student who contemplates visiting.

Miscellany.

The Diagnosis of Submersion during Life or after Death.—The Paris correspondent of the London *Lancet* writes that, struck with the divergence of opinion among authors as to the diagnosis of submersion having taken place during life or after death, Dr. Bougier made a new study of the subject. From experiments and autopsies at the morgue, he formulates the following conclusions: 1. The exterior aspect of the body is about the same in both cases—that is, when the body has been submerged before or after death; the appearance of moss on the body would be of diagnostic value. 2. Water and foreign bodies penetrate into the air passages and into the bronchial tubes of those submerged before, as well as those immerged after death; but in the latter the foreign bodies do not go beyond the fifth or sixth divisions of the bronchial tubes, and the liquid is arrested at the bronchi of medium size by the column of compressed air; whereas, in the submerged during life, it penetrates down to the small bronchial tubes. 3. The

epiglottis is vertical in the submerged; it is only half open in the corpses immerged. 4. Water penetrates in a pretty large quantity to the stomach of the former, but never to that of the latter; and in making a comparative analysis of the liquid found in the bronchial tubes, one might arrive at a certain diagnosis. 5. The same is the case with the middle ear. 6. The characteristic moss is found only in the submerged. 7. If the fluidity of the blood exists only in certain cases of poisoning by opium, it is easy by the aid of the spectroscope, and by analysis, to form the diagnosis. 8. In putrefied corpses, all the signs have nearly disappeared, and the medical jurist can only draw conclusions by presumptions.—*Med. Record*, May 16, 1885.

The Treatment of Gangrenous Intestine in Strangulated Hernia.—In a paper having the above title, W. Mitchell Banks, F. R. C. S., (*Lond. Med. Times*, May 2d and 9th, 1885) sums up with the following conclusions:

(1) That when gangrenous gut is discovered in a hernial sac, no attempt whatever should be made to divide the stricture.

(2) That practical experience is required to determine the expediency of drawing down into the hernial opening a fresh piece of bowel.

(3) That the cases appropriate for resection of the gut must be very few, requiring, as it does, that the patient should be young and vigorous, with abundant reparative power; that the hernial sac should not be full of putrid pus or evacuations from a perforated bowel; and that the operation should be done in daylight, and with competent assistance and antiseptic precautions. So far the statistics of resection of gangrenous bowel show a majority of 52 per cent., whereas by making an artificial anus all the patient's immediately dangerous symptoms are relieved, while he has a chance of subsequent cure (*a*) by spontaneous closure of the aperature; (*b*) by the use of the enterotome or the rubber tube; and (*c*) and by the employment of resection at a later stage, the statistics of which show a mortality of only 38 per cent.

(4) That in resecting a bowel it is not necessary to have any apparatus to distend it, and that while the fingers of an able assistant will generally serve to control the divided ends, it may be necessary to use some simple clamping instrument having parallel blades and covered with rubber.

A New Method of Treating Acute Intestinal Obstruction.—Dr. Kussmaul, in the *Lancet* of February 14th, advances the view that free washing out of the stomach might prove efficacious, and already cases of marked success following the measure have been published. In one case, after eight days complete obstruction, and in the other, after nine days, the symptom of fæcal vomiting being present in each, the washing out of the stomach, and consequent evacuation of large quantities of fluid fæcal matter from the upper part of the small intestine, resulted in complete relief from symptoms. The measure may be compared to the effect produced by laparotomy above the site of an obstruction; and the good result is explained on the ground that evacuation of the distended bowel affords an opportunity for a spontaneous reduction of a herniated or twisted loop. The relief from the inordinate abdominal distension is very great and, moreover, the evacuation favors palpation for the purpose of diagnosis. Obviously not every case of acute intestinal obstruction could possibly be relieved by this method, but the simplicity of the practice, the certainty of affording temporary relief, and the possibility of a cure, are reasons for its sedulous adoption prior to proceeding to more serious measures.

To Prevent the Spread of Disease in Schoolrooms.—The Berlin correspondent to the *British Medical Jour.*, May 16, 1885, says: "In order to prevent the spread of diseases usually communicated in schoolrooms, owing to the formation of fungi and their spores on the walls, it has been decided that at least once a year the walls and ceilings

of all schoolrooms are to be throughly cleaned, and immediately repainted or whitewashed. It is also recommended that the floors should be provided with a double coating of hot varnish, so that the air of the schoolrooms may be kept freer from dust. The Government order lays special stress on the importance of regular ventilation, so that facilities may not be given for the breaking out or spread of infectious diseases in schools."

Dangerous Physicians.—The dangers to health which are due to ignorant and careless plumbers have been much insisted on of late years; architects have received their share of criticism for the want of attention to ventilation and other sanitary requirements which their plans not unfrequently display; merchants are reproved for adulteration of food, for desiring to import rags as cheaply as possible, and for protesting against the detentions of quarantine, and manufacturers are solemnly warned of the evils which they are causing by the pollution of streams and the production of effluvium nuisances—but the possibilities of the causation of disease through want of knowledge or disregard of well-known precautions on the part of physicians do not seem to have received the attention which they deserve.

The possibility of the conveyance of contagion from one family to another by the doctor has, it is true, been occasionally commented on, and it is now a well recognized rule in the profession, based on the sad experience of former years, to avoid labor cases when one has cases of puerperal fever or erysipelas in his practice; but there are still too many physicians who will go directly from a case of scarlet fever to another house containing children without taking any special precautions, and they may do this even while insisting on careful isolation of the scarlet fever patient, and not even allow him to be visited by a playmate who has had the disease.

There are also physicians who pay entirely too little attention to the isolation of patients suffering from contagious diseases; whose sole thought seems to be the treatment of the case, without reference to the prevention of evil effects to others, and whose ideas about disinfection are so exceedingly vague and hasty that one may be pardoned for suspecting that they know very little about the recent advances in our knowledge on this subject.

There are even a few doctors—to the honor of the profession, be it said, there are but few—who are so indifferent to the public welfare when this seems to conflict with the patient's interests or wishes, as to be willing to aid in the concealment of the existence of a disease dangerous to the community.

It is perfectly true that the great mass of the medical profession are the best friends of public sanitation, that to them is due largely not only the discovery of the causes of the disease, but the teaching of the people as to their prevention, and that the majority do insist upon precautions being taken to prevent the spread of disease, or to prevent its recurrence in a house which they have reason to think is in bad sanitary condition. But this is not the case with all of them—more is the pity.

In our editorial of last week on the Plymouth epidemic allusion was made to the report that the physician who attended the first case, which seems to have been the cause of all the others, gave as an excuse for this want of attention to the proper disposal of the dangerous excreta, that he did not know that the stream running by the house was a source of water-supply. This is the old story, "he didn't know it was loaded." It is the business of a physician to know what is done with the excreta of a typhoid fever or cholera case, or with clothing or bedding soiled by them; he ought to know that they are dangerous; if he does not know this he is unfit to practice his profession, and knowing it he must be held responsible for not having warned the people. A community has the right to demand of its physicians that they shall use their knowledge for the prevention as well as the cure of disease, and it has a right to demand that they shall possess the knowledge which they claim to have by

the mere fact of offering their services as physicians.

We have been slow to recognize this right in this country, but in a few States the principle is established that a man claiming to be a physician must give satisfactory evidence of his qualifications to practice, and in Illinois one of these qualifications is required to be graduation at a school in which hygiene forms a part of the course of instruction. It is true that this is not very satisfactory evidence that he is properly instructed in preventive medicine, but it is a long step in advance, and if other States would only do their duty as well it would be a vast improvement on the present condition of things.

Meantime our readers will do well to note the amount of attention which their own physicians give to the prevention as well as to the treatment of diseases, for in this, as in many other things, the mercantile adage holds good, that "demand creates supply."—*Sanitary Engineer*, May 28, 1885.

The Palate as an Indication of Pathological Conditions.—Dr. William Abram Love, writes in the *Atlanta Medical Monthly* as follows:

In all that class of diseases in which the general condition of the system demands the use of remedies known as cholagogues, of whatever kind, and in all forms and complications, experience has taught me that I risk nothing in saying that the muco-periosteal membrane in the roof the mouth will by its yellow tinge invariably indicate the necessity for their administration; *per contra*, I may say, with equal confidence, that the absence of this yellowness indicates, with equal certainty, that such remedies have been sufficiently used or are not needed. For thirty years this has been my guide, and I do not feel to-day that I have ever been misled by it. Other members of the profession, whose attention I have called to the fact long years since, tell me that as a guide in their daily professional work, it has served the same good office. Attention to it will do away with much of the use of or rather abuse of, calomel.

In other pathological conditions than this, the appearance of the palatine surface will serve us a good purpose as a guide. Thus, for example: in all that class of diseases known as exanthema majora, the eruption makes its appearance in the roof of the mouth, from twelve to twenty-four hours, and in many instances longer, before it appears on the cutaneous surface. In small-pox, in scarlet fever, in measles—in all their grades—the eruption may be looked for with confidence in this region long before it can be detected at any other point, and, as the eruption is often the last link in the chain of evidence necessary to decide a question of diagnosis, the knowledge of this fact will always equal the importance of the question at issue; it has, in some instances, served me a valuable purpose.

In intestinal irritation and inflammation, in the approach, progress and decline of enteritis and dysentery, the soft palate is a better indicator as to the condition of the intestinal mucous membrane than the tongue.

In the rise and progress of such cases there is vascular engorgement of the palatine mucous membrane, indicating a like or worse condition along the line of the intestinal canal—a little attention to which will familiarize the practitioner with the varied changes in the appearance of the one, as pointing to the pathological conditions existing in the other.

Disinfectant Action of Watery Solutions of Carbolic Acid.—In a paper on this subject read by Herr Gärtner before the Fourteenth Congress of the German Surgical Society held in Berlin in April, (*Med. Record*, May 30th) the author stated that he had made experiments to determine the destructive action of carbolic acid upon various forms of micro-organisms, and concluded that a three per cent. solution was sufficent to kill every form of inferior organisms with which the surgeon had to do. The disinfectant must, of course, be brought into actual contact with the microbes.

Dr. Louis Jurist writes in the *College and Clinical Record* on the "Substitution of the Preparations of Coca for

Cocaine." He finds these preparations on the whole an excellent substitution for cocaine. Gelatin lozenges of the following formulæ were found useful in allaying painful and irritating conditions:

℞. Ext. cocæ fluid., gr. v. The amount in each lozenge. ℞. Ext. cocæ fluid. gr. v; tinct. rad. aconiti, gr. ss; belladonnæ, gr. j. Make one lozenge.

For the nasal passages he finds the alcoholic fld. ext. too irritating, and a concentrated infusion (1 minim representing a gr. of the leaves) was substituted. In acute coryza this local treatment was supplemented by the internal administration of the fluid extract with apparent benefit. The author thinks it seems reasonable to conclude that coca and its preparations deserve considerable use by the laryngologist. The addition of a fluid extract or infusion to gargles, or sprays, mouth-washes, and douches, will aid in relieving pain and controlling irritability.

Dysentery in Children.—Ergot.—Twenty-one cases of dysentery in children, reported by Dr. G. I. Magruder, were treated with fluid extract of ergot, five to twenty drops four or five times a day. All were either entirely relieved or much improved.—*Va. Med. Monthly.*

Dysentary.—Regarding acute dysentery, Prof. Da Costa says the best treatment is ipecac., not to exceed gr. xx. every two or three hours, guarded with opium, and he has very marked results from this plan. It is especially good in puerperal dysentery, as Prof. Bartholow has pointed out. The opium plan (gr. ss. every two hours) is good. Next is Rochelle salts, one ounce in divided doses in the first twenty-four hours, and less thereafter. This does not preclude the simultaneous use of small doses of opium. Both the ipecac and the saline purgative plans should be abandoned in two days if no change in the condition of the patient is seen; they are rapid or valueless in their action. Next comes bismuth subnitrate, gr. x–xx. every two or three hours. The use of ice-water injections three or four times a day was originated by him some years ago; they are very valuable. Sinapisms are useless and blisters harmful.—*Med. Chronicle.*

A Rat-Bite of the Penis.—A few years ago, Mr. ——, a married gentlman, living out of town, was engaged in business in the lower part of this city. One day, upon returning from his lunch, a call of nature led him to seek the seclusion granted by the subterranean apartment of his mercantile building. The privy, here in use, was of rather primitive construction, being connected with the sewer-pipe without the intervention of a basin, and rats had frequently indicated their presence in the wall of the premises. While Mr. —— was sitting and quietly enjoying that contemplative mood which naturally steals over one in this form of post-prandial siesta, he was suddenly startled and forced to bounce from his seat in a manner most hasty and undignified. Blood was dripping on his pants from a fresh wound of the penis. It required a full moment to take in the situation when, with the suspicion that he had been bitten by a rat and a confused notion of possible results, he rushed for medical aid.

When I examined him shortly after the occurrence, I found on the left side of the sheath of the penis a loss of substance three-fourths of an inch in length which had evidently been produced by incisor teeth or some other sharp, cutting instrument. The wound, still bleeding, was cauterized with fused nitrate of silver, and the fears of the patient were gradually allayed. The wound healed quickly, leaving a superficial scar. In a note received a few weeks later, the patient remarked that, although a rat-bite might not be dangerous, the inconvenience of its presence on such a portion of the body could not be overestimated.

There is a moral in this story. A week after the bite occurred, the wound looked very much like an ordinary chancroid. Now what would the reader say if a respectable married man were to come to him with an apparent chancroid of the sheath of the penis and state that he had had no illicit intercourse, but had been bitten by a rat?

This story teaches that the physician who disbelieves in the vicious nature of the water-closet in connection with venereal disease, might, in an exceptional case, be unwarrantably incredulous.—*Geo. Henry Fox, M. D. in Journal of Cutaneous and Venereal Diseases.*

Hazeline in Menorrhagia.—In the *Practitioner*, Mr. M. Cheute describes a valuable remedy for menorrhagia, which is a very frequent ailment in women in Cape Colony. Two drachms of hazeline given twice or thrice daily will act so quickly that it will not be necessary to anticipate the flow, but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline given as above will effectually restrain it. It is also said to relieve dysmenorrhœa in a quick and marked manner.—*Canadian Practitioner.*

Butter Milk in Sick Stomach.—Dr. R. J. Peare, in the *Therapeutic Gazatte* for April, speaks favorably of buttermilk in the treatment of irritable stomach in children. In four cases of persistent vomiting it was tried with success. It has not the tendency to coagulate in the stomach as does new milk. He suggests that this property would seem to make it an eminently appropriate agent in the treatment of "summer complaint" of children.

Medical Items.

The first *conversazione* of the British Gynæcological Society was given by the President, Dr. Meadows, on May 12th. It was attended by a large and influential company, including eminent representatives of every branch of the profession. This young society already numbers over 300 members.

Dr. Burneo Yeo has been elected Professor of Clinical Therapeutics in the Kings College, London. The chair was created for him.

The King of Greece has conferred on Dr. Morris H. Henry, of New York, the Gold Cross, and created him an officer of the Royal Order of the Saviour, in honor of services rendered to medical science.

A correspondence between Dr. A. Jacobi, of New York, and Dr. J. V. Shoemaker, of of Phila., in regard to certain statements made by the latter before the American Medical Association relative to the organization of the International Medical Congress, appears in the *Medical Record* and *N. Y. Medical Journal* of May 30th. The controversy, to say the least, is interesting and ingenious, and ends with the following from Dr. Jacobi:

"You know what you said at New Orleans about threats being made was not true, and your letters show that you have not the courage to stand up to it." Dr. Shoemaker's reply to this is returned to the writer unopened. The sequel we will relate at a future time.

There are no fewer than twelve separate medical schools in London only, with about 350 accredited teachers; and in the provinces there are as many as nine schools with about 250 teachers.

The next meeting of the British Medical Association will be held at Aberdeen, Scotland, commencing September 9th. A guarantee fund of £2,500 has been raised to meet the expenses of the meeting, and everything promises well for a good meeting.

Dr. Lewis A. Stimson has been elected Professor of Anatomy in the University of the City of New York, to succeed the late Prof. Darling.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department U. S. Army, from May 26, 1885, to June 1, 1885.

Major Albert Hartsuff, Surgeon. Ordered from Department of Mo. to Department East.

Major H. E. Brown, Surgeon. Ordered from Department East to Department Mo.

Major J. M. Brown, Surgeon. Assigned to duty as Post-Surgeon at Fort Omaha, Nebraska.

Captain Louis Brechemeir, Assistant Surgeon. Relieved from duty at Fort Omaha, Nebraska, and assigned to duty as Post-Surgeon at Fort D. A. Russell, Wyoming.

Captain F. C. Ainsworth, Assistant Surgeon (Dept. Texas). Ordered for temporary dury in Department of Mo.

Captain Wm. A. Hall, Assistant Surgeon (David's Island, N. Y. Harbor). Ordered for temporary duty at Willet's Point, N. Y., during absence of Post-Surgeon.

Captain Wm. G. Spencer, Asistant Surgeon. Ordered for duty at Fort Sessiton, D. T.

Captain Wm. B. Davis, Assistant Surgeon. Granted leave of absence for one month, from May 25, 1885.

Original Articles.

VARICOSE ULCERS.

BY SAMUEL S. ADAMS, A. M., M. D., WASHINGTON, D. C.

I do not present this subject because I have something new to offer as to the pathology or treatment of varicose ulcerations, but because these formidable looking ulcers yield very quickly to systematic treatment, as is well illustrated by the following cases.

CASE I.—Sarah J., aged about 50, black, came under my care November 12, 1882. She was of good physique and general health, but had large knotted veins on the inner side of the left leg. About two inches above the inner ankle was an ulcer about three inches in diameter; its edges were jagged, its surface excavated, granular and suppurating; it was also tender to the touch. The history of the case was very unsatisfactory. She stated that the "knots" had been present for years, but had caused her no inconvenience. From time to time small ulcerations had appeared, but had responded to the various ointments her neighbors furnished. Of late she had been constantly on her feet, being the cook of a large family, and had noticed that the salves did not seem to effect any good, as the ulcerations rapidly extended. I confess that I approached the case with no little hesitancy, owing to the unfavorable surroundings of the patient and almost a certainty that my directions would not be carried out. The patient's circumstances would not admit of the use of the rubber bandage—in fact she was not able to buy sufficient adhesive plaster to allow daily strapping. The slough was removed with a carrot poultice and the strapping was begun. She was instructed to remain in bed. I applied the straps every other day. The ulcers healed rapidly, which encouraged the patient so much that she could not be kept in bed. In spite of such indiscretion she was discharged cured December 2, 1882. I pointed out to her the liability of recurrence and recommended the elastic stocking as a probable preventive measure. She never obtained it, and in about one month thereafter the ulceration was as bad as before. As another physician attended her during the recurrence I know nothing of the result.

CASE II.—Fanny H., aged 45, black, a cook, of good health and excellent physique, came under my care February 6, 1885, for varicose ulcers of both legs. As in the preceding case the history is very incomplete. She stated that she had had the "knotted cords" for an indefinite period, but that she had not suffered from them. In the Fall of 1884 small ulcers appeared which bled profusely, but they soon healed from the use of salves. At Christmas-time she was on her feet more than usual, when the ulcers broke out again. She applied the same remedies, but the ulcers extended and she was compelled to quit work. I found her with feet and legs very œdematous; the skin was tense, and the slightest pressure produced intense pain. On the inner side of either leg, about an inch above the ankle, was an excavated, irregular, granular, suppurating ulcer about three inches in diameter.

The outlook in this case was a little more promising, as the patient was anxious to get well, had made up her mind to follow my directions, and could get the necessary things for the treatment. I ordered the carrot poultice to remove the slough. The following day I applied the adhesive straps over the ulcers, and then with the rubber bandage bandaged the feet and legs up to the knees. They were applied too tightly, so the patient took them off and sent for me. They were reapplied, and she was instructed to submit to the uncomfortable burning sensation as long as possible. Rest in bed was strictly enjoined, and a speedy cure promised. Both straps and bandages were reapplied daily, the ulcers rapidly healed, and the œdema disappeared; on the 19th of February the ulcers were well. The same treatment was pursued a few days longer until she could procure elastic silk stockings,

*Read before the Medical Society, District of Columbia, Feb. 25, 1885.

The stockings reach to the middle of the thigh, and will, I believe, exert enough pressure to prevent a recurrence.

Varicose ulcers are not entitled to a specific classification as if they were entities, but must be understood as implying an association with an enlarged or varicose condition of the veins which produce them. They are found almost exclusively on the lower half of the leg, are oval in shape with the long diameter vertical, superficial, slightly sensitive, and their borders are irregular but not indurated. Ulcers are not always associated with varicose veins, being in some cases only accidental coincidences. A patient may have a specific ulcer which is not affected by the diseased veins, except in so far as that condition affects the general circulation. In other cases an ulcer is the result of an inflammation of the varicose veins which necrose and suppurate with an extension of the process to the integument. The inflammation is usually caused by injuries to the knotted veins, which then undergo the ulceration process.

There is usually no pain attending this class of ulcers; if any, it is deep-seated and extends along the course of the veins.

The primary object in the treatment is to relieve the pressure in the engorged and tortuous veins. Owing to the relaxation of the muscular coat of the vein and the dependent position of the limb the blood current is impeded, the valves give way and the blood collects in pouches where it may coagulate. By applying graduated pressure to the limb with a cotton or rubber bandage, or an elastic or laced stocking, the circulation is improved and the ulcers soon heal. The same object may be obtained by placing the patient in bed and elevating the leg, thus relieving the heavy column of blood. By observing one or more of these means, as soon as the tortuosity is recognized, we may prevent ulceration.

As a rule the physician does not see the patient until ulceration is far advanced, when the best treatment as a palliative measure is strapping the ulcer and bandaging the affected limb.

First, draw the edges of the ulcer as near together as possible with strips of adhesive plaster, about half an inch in width, passing around the leg; then apply a rubber bandage about fifteen feet in length and two inches wide, from the foot to the middle of the thigh. Try to exert uniform pressure along the limb, and increase it daily as long as the patient can bear it. The bandaged limb should be placed horizontally, or elevated, and the patient kept in bed. After the ulcer has healed, the elastic or laced stocking should be worn, except when the patient is in bed.

Sometimes the ulceration of the veins is attended by profuse and alarming hemorrhage. In such cases elevation of the limb, compression of the vein and rest in bed are the indicated measures.

If the general health of the patient be impaired, a principal feature in the treatment requires the use of tonics, among which the ferruginous preparations take the highest rank.

The various operations that are resorted to in varicose veins are applicable also to varicose ulcers. Cauterization, ligation, division, subcutaneous division and acupuncture have been tried with the success that Brodie claims for his operation when he says: "it really appears it is not worth patients' while to submit to it. I have always observed that if I cured one cluster, two smaller ones appear, one on each side; and that ultimately I left the patient no better than I found him." Since there is always danger attending any one of the operations, and as there is no certainty of a cure by them, I think we should be contented with the palliative measures that are certain not to do any harm.

1534 I Street, N. W.

CHORDEE.—A writer in the *New England Monthly* reports two cases of chordee relieved by cocaine, after everything else had been ineffectually tried. Ten minims of a four per cent. solution were injected into the urethra, mixed with 30 minims of water.

Selected Article.

ON BURIED SUTURES, WITH REMARKS ON THE IMPORTANCE OF SUTURING SEPARATELY, PERIOSTEUM TO PERIOSTEUM, MUSCLE TO MUSCLE, DEEP FASCIA TO DEEP FASCIA, AND SKIN TO SKIN, AFTER DEEP INCISIONS OF ALL KINDS.

BY C. B. KEETLEY, F. R. C. S.,

Senior Surgeon to the West London Hospital; Surgeon to the Surgical Aid Society.

Buried sutures, or "sunk sutures," as they have been also called, are such as are completely covered by the skin, and do not involve that structure at all. In the form of sutures uniting the fragments of fractured bones, especially the olecranon and patella, they have long been employed, and also as sutures to unite divided nerves and tendons, as well as wounded veins, intestines and other hollow structures. But all the above mentioned forms of buried suture differ essentially in their objects from those to which I wish to call attention. The former have each a narrow and very limited, though, perhaps, extremely important aim. For instance, a patella is sutured with a view to getting secure bony union, a wounded intestine with a view to preventing extravasation of fæces into the abdominal cavity.

The sutures of which I now wish to speak, are employed with intent to influence the whole course and final result of wounds in general. For instance, let us suppose buried sutures of the first kind to have been used to unite the two ends of a divided nerve; the use of the other kind of buried sutures would now commence, and proceed as follows:

Whatever muscles or aponeuroses had been divided in cutting down upon the nerve would be restored to their original relationships, and kept there by aseptic animal sutures, such as carbolized gut; then the wound in the deep fascia would be separately sewn up. Finally, the wound in the skin would be closed by either catgut or silver, or whatever might be preferred. What good do we expect to get from this?

1. We need no drainage-tubes. No spaces or pockets are left wherein blood or serum can collect, and, therefore, it does not collect. I presume that all wounded vessels, of a size such that the blood-pressure would force blood out of them in spite of the buried sutures, have been carefully secured, and that the wound is thoroughly aseptic.

2. The sutured muscles and aponeuroses are eventually perfectly restored as regards function, as also is the deep fascia. Even the deep fascia has important functions, especially in certain localities, and in connection with the following points.

3. Deep, rough and depressed cicatrices are avoided.

4. Necrosis of bone and sloughing of soft tissues are prevented.

To dwell for a moment or two on the history of the subject (before illustrating its practical application by a description of my own experience), it has first of all to be confessed that this, like other important developments of antiseptic surgery, has attracted much attention in Germany. There it appears to have originated in the practice of Werth, the gynæcologist, who praised these sutures highly, as tending to success in operations for ruptured perinæum. It is, however, Esmarch's assistant, Neuber, (the inventor of decalcified bone drainage-tubes) and Professor Kuster, who are the chief apostles and pioneers of this great advance in surgery, for such I esteem it. It was a pamphlet by the former, giving an account of the amputations done at Kiel during the last year, which first called my own attention to the matter.

Neuber has worked out the subject thoroughly, more especially in a pamphlet entitled *Vorschlage zur Beseitigung fur alle frischen Wunden* (Lipsius and Fischer, Kiel, 1884).

Kuster read his paper at the last meeting of the Society of German surgeons. In the discussion which followed, Esmarch having stated that, with these sunk sutures, drainage-tubes could be altogether dispensed with, he was asked, "What, after excision of the hip?" He thereupon answered, shortly and decisively, "Yes."

Turning to my own experience, which, though sufficiently varied, is small as compared with that upon which Neuber, Küster and Esmarch based their assertions, I have carefully recorded the details of two amputations of the thigh, and one of the leg, two excisions of the hip, one case of *evidement* of the bones of the knee-joint, one wedge-osteotomy of the hip, one osteotomy of the tibia and fibula, one operation for ununited fracture of the same bones, two suturings of fractured patellæ, one removal of sequestrum in necrosis of the symphysis pubis, with large abscess in the abdominal wall; one operation for congenital contraction of the knee by open antiseptic incision, one incision to examine a chronic swelling of the parotid, one excision of the multiple sebaceous glands of the head, and two cases of resection of the quadriceps extensor cruris. In all these seventeen cases, except two, the buried sutures have done all which sanguine hopes could expect of them. But, in stating this, I must confess that I have not always dared to dispense with drainage-tubes. I simply thought I ought to feel my way cautiously. Of the two cases which I have mentioned as being exceptions, one was an almost hopeless case of amputation of the thigh in an old lady, over 70, who suffered from sloughing of almost all the soft parts of one lower extremity, from the knee downwards, with burrowing of pus up to the hip, the cause being erysipelas. She died forty-eight hours after the operation. The remaining case possibly casts a slur upon buried sutures, or upon their employment in my hands. A man, aged 30, with advanced strumous disease of the knee tuberculous disease of both legs, and hectic fever, had the knee freely excised, and all the diseased synoval tissues removed with scissors and sharp spoons. The bones were then fixed firmly together with silver sutures, and the wounded soft parts secured with buried sutures. His only hope could lie in speedy osseous union. Unfortunately, the edges of the flap sloughed. Thus, frequent changes of dressing, with consequent slight disturbances of the ends of the bone, were necessitated. Finally, our efforts to keep the wound aseptic failed, and amputation was performed. I think it possible that my covered sutures had seriously interfered with the imperfect blood-supply in this poor enfeebled creature.

I will describe briefly two or three of the above cases and their results. In amputating the leg two lateral and very short rounded skin-flaps were made. A very short distance (about half an inch) above the angles of junction of the skin-flaps, the muscles were divided by a circular sweep. The periosteum was divided nearly as low down as the muscles, and turned back up to the level where the bones were divided. The periosteum must be reflected to an eighth of an inch or more beyond the point of division of the bone, and carefully held out of the way, without being stripped further up, while the saw is being used. Next, the vessels are tied until it is time to put in the sutures. About three or four will draw the periosteum securely over the cut surfaces of each bone, leaving a small opening opposite the medulla. Next, the muscles and aponeuroses of the extensor side are united to those of the flexor side, more or less *en masse*, by five or six sutures of strong catgut. These sutures had better not, as a rule, be made to go quite through to the deep surfaces of these structures, but should be half an inch to one inch from the cut edges at the superficial surface. The bones are thus completely covered. Next, the deep fascia should be separately sutured, and lastly the skin.

Almost the first time I ever tried buried sutures was in an amputation of the leg (middle third) done in February, 1884, in the West London Hospital. The flaps, when thus sewn up, were too tight to allow room for a drainage-tube to be inserted without violence. Therefore none was used, except one of very small size passed through one corner of the skin-incision, but not into the depth of the wound. This case was further complicated by the fact that, owing to an unhealthy condition of the marrow, the medulla of both tibia and fibula was scraped out right up to the upper epi-

physes of those bones; and the medullary cavities, thus emptied, were injected with liquor hydrargyri perchloridi (whose strength, it may be remembered, is just over 1 in 1,000).

Healing took place throughout by the first intention, except as regards the skin, which gaped a little when its sutures gave way. However, the muscles, and doubtless the periosteal sutures held on; and the edges of skin soon, as it were, crept together again. The temperature rose on several days to 101°, and then gradually sank to normal on the tenth day. There it remained, except that, once or twice during the next month, it rose to 102°, for no reason in any way connected with the stump, as far as could be made out. The patient has long been quite convalescent, and is using an artificial leg.

After the excisions, the wedge-osteotomies and the suturing of the patellæ, the excellent results, as regards freedom of the skin-cicatrix from cicatricial anchorage to the bone, were very manifest. They contrasted strongly with the deep valleys which soon follow incisions for resection, when sutured in the ordinary way. This good effect is, of course, particularly valuable in the face.

Resection of the quadriceps extensor for infantile paralysis, with loose knee, would not be justifiable without the use of buried sutures. Concerning the ultimate result of these cases, there has not been time yet to judge; but in each of my cases I have succeeded in shortening the muscle an inch an a half, with rapid healing of the wound by first intention, no deformity or depression, and merely a longitudinal, linear, undepressed cutaneous scar. No drainage-tubes were used.

The large abscess-cavity in connection with the necrosed symphysis pubis extended outwards as far as the iliac crest, and was nearly as wide. It was supposed, when sent to me, to be an inguinal hernia. I slit it up, scraped out its lining thoroughly, and closed it in with sutures which passed from side to side beneath its floor, but not through the skin; it was thus reduced to a long, narrow and shallow groove. This I closed with superficial sutures. The deep sutures held on till the depth of the cavity was obliterated by the healing process. At the lowest angle of the wound, a drainage-tube was passed straight down to the small cavity from which the necrosed symphysis had been extracted.

In no cases have I found these sutures more brilliantly successful than in dealing with sebaceous cysts of the head. Having dissected out three from the scalp of a gentleman, I obliterated the remaining cavities by two buried sutures in each, passing them well beneath the floor of each small wound. No cutaneous sutures were used at all; the skin-wounds did not gape. Over the wounds was placed a coat of salicylic acid dissolved in ether, as well as a little powdered salicylic acid. No bandages were used. The patient went daily to his work at Somerset House, attended a garden party in the meanwhile, and, a fortnight afterwards washed the salicylic scab, as it might be called, of three sound linear cicatrices. It is important to say that he was not allowed to brush his hair during the treatment; it was kept both tidy and aseptic by occasionally sponging with a wash containing spirit, sublimate and rose-water.

In conclusion, I have to say that it is only in strictly antiseptic surgery I would venture to recommend these sutures; but that, in the case of all surgeons who have faith in antiseptic theory and practice, they will find in buried sutures an effective and beautiful addition to their methods.

For Constipation in Young Children.—Dr. Poulain, in *British Medical Journal*, extols the use of a tablespoonful of fine bran night and morning, in a cup of bread and milk. The bran is warmed in the milk and then poured on the bread.

Ether as an Expectorant in subacute or chronic bronchitis, is placed before all other remedies of this class by Dr. Kemper, in the *Therapeutic Gazette*. Five to ten drops on sugar every three or four hours is the dose. It can be used by inhalation also.

Society Reports

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

(*Specially Reported for the Md. Med. Journ.*)

STATED MEETING HELD FEB. 25, 1885.

The Society met with President, Dr. W. W. Johnston, in the chair, Dr. McArdle, Secretary.

Dr. D. S. Lamb presented specimens of

ADENO-CARCINOMA OF THE INTESTINES AND A RENAL CALCULUS.

Mrs. Daughton, white, age 62, died Feb. 11, 1884. Necroscopy by Dr. D. S. Lamb. Body well nourished; one inch of fat in anterior wall. Lungs normal. Heart not opened; external examamination showed no lesion. Liver fatty; gall-bladder full of bile. Spleen small. Stomach appeared normal. Small intestine showed acute hyperæmia of peritoneum in patches; a large, flat, dark hemorrhagic coagulum in mesentery, near hepatic flexure of colon. Muscular coat of lower ileum much hypertrophied. Close to ileo-colic valve was a broad, irregular, ragged transverse ulcer, almost encircling the intestine and penetrating in places to muscular coat. Two small ulcers upon the valve; the slough was still attached to one of them; on the colon surface of the valve was another similar oval ulcer one inch long and ½ inch wide, with slough still attached. Muscular coat of cæcum, ascending colon and hepatic flexure hypertrophied to ⅛ inch thick. Large accumulation of fæces in and much dilatation of this part of the tract. The vermiform appendix, excepting the cæcal portion one inch in length, was a mere web, with large irregular perforations; these communicated with a fæcal cavity, in the subperitoneal connective tissue of the iliac fossa; the fatty layer of this part was indurated. Two coils of ileum are adherent thereto; one of them shows thickened inelastic walls and calibre much reduced by the pressure of surrounding indurated tissue; it also communicated by a small opening with the abscess cavity. The other coil is of normal thickness and evidently from higher up in the tract. Hepatic flexure shows a small papillary growth of the mucous membrane, encircling almost the entire circumference, with induration of submucous tissue and almost complete stenosis; indurated and adherent fat on corresponding peritoneal surface. On the distal side the intestine is contracted, and shows one inch below the new growth a second, probably secondary growth, with similar characteristics, ½ inch in diameter and ¼ inch thick. Right kidney normal. Left showed a contracted uneven surface; pelvis and calyces contained a large, brownish branching calculus; mucous membrane thickened; peripelvic fat indurated.

Dr. J. C. McConnell pronounced the growth of the colon a cylindrical cell cancer or adeno-carcinoma. The nephritic calculus is probably a urate.

DISCUSSION.

Dr. Lovejoy was not prepared to give a complete history of the case. Dr. Suddarth, the physician, called at his office and invited him to see the patient. On making a careful examination they found a tumor of considerable size in the neighborhood of the cæcum, which they thought was due to retention of feces. A few days afterwards, the accumulation was much larger and had the peculiar doughy feel so characteristic of this trouble. Placing the woman, who was quite stout, in the knee-elbow position, he could detect a tumor as large as a child's head falling down in the neighborhood of the cæcum. The transvere colon also seemed distended. There seemed to be a constriction in the transverse colon somewhere near the descending colon. There was no stercoraceous vomiting during this attack. But six months previous, whilst living in Virginia, she suffered from obstruction following a hearty meal of beans. At that time there was stercoraceous vomiting. The physician who then attended her gave her a letter containing his views of her trouble, but saying that in the near future an autopsy would clear up the

whole matter. Dr. Lovejoy said that he and Dr. Suddarth introduced a rectal tube eighteen inches into the bowel and injected, thus clearing out the lower part of the bowel. After it was thoroughly washed, some scybulæ were passed. At the autopsy, however, none were found and the feces were all softened. There was a considerable amount inflammation about the peritoneum. There was no symptom, as far as he knew, to direct attention to the kidney. When the abdomen was opened, they found an immense enlargement of the transverse colon, but the continuation of the bowel was small. Before death there was some tenderness in different parts of the abdomen, particularly in the right iliac region.

Dr. J. H. Mundell presented a specimen of

INTESTINAL OBSTRUCTION

and reported the case as follows:

I was called on sixteenth day of January last to see T. H., a young colored man, about 24 years of age. I found him suffering great pain around the umbilicus,with intense nausea and vomiting, the stomach not being able to retain anything whatever.

His bowels were obstinately constipated and had been so for several days before I saw him. I directed mustard plasters to the epigastrium, a large enema to be given at once consisting of soapsuds, castor oil and a few drops of spirits turpentine, this to be repeated if the first failed to act. I directed also small doses of morphia and subnitrate of bismuth to be administered every two hours, by placing them on the tongue. The next day, the 17th of January, I found that the nausea and vomiting had in a great measure been removed, but that the enema had produced no good effect, the bowels being still unmoved. I directed the enemata to be again repeated and small doses of calomel and morphia to be administered every two hours, with large warm poultices of flax-seed meal over the entire abdomen. On the third day there was no improvement. The enemata and warm poultices were discontinued.

On the fifth day, the 20th of January, I carried Dr. William O. Baldwin to see him. We introduced a large sized flexible catheter and gave large injections through it without avail. We gave every four hours half a grain of opium with a grain of extract belladonna, until four doses were given, which produced no relaxation as we had hoped.

On the 23d of January I requested Dr. J. Ford Thompson and Dr. Charles E. Hagner to visit him with me, which they very kindly did.

Dr. Thompson introduced a large flexible tube about two feet and a half long and administered at least three pints of injection by means of a fountain syringe with no good result. I afterwards, for several days, used the same tube and syringe with no better luck. I will say here that in every instance in which the injections were given they were discharged unstained and unmixed with feces, nor had they the slightest fecal odor. There was at no time any fæculant or stercorations vomiting.

Careful abdominal friction, massage, with gentle manipulation of the abdomen, together with movement of the body from one position to the other were also resorted to but were unsuccessful. Occasional injections, warm poultices and sometimes hot baths were made use of. When there was some pain, which was generally around the navel, accompanied by restlessness and want of sleep, hypodermic injections of morphia and sulphate of atropia were administered. Later on the small doses of calomel and opium were resumed every four hours until about 30 grains of the former were given, which produced but the slightest appreciable effect upon the gums. The diet consisted of beef-tea, chicken or mutton broth, milk or table tea with an occasional cracker or small piece of dry toast. These were only taken in small quantities at a time at frequent intervals.

At no time was there any evidence of inflammation, no tenderness upon pressure, no fever; temperature normal; pulse about 80 until the four latter days of his life, when it became somewhat quicker and weaker. The tongue was clean and moist throughout, and the secretion of

urine abundant and passed freely and easily. In order to arrive at a correct diagnosis and to locate if possible the exact spot where the obstruction existed, in the beginning and throughout my attendance I made careful and thorough examination of the abdomen, by palpation and percussion externally and also pretty thoroughly explored the rectum.

I also examined the rings and openings of the abdominal walls to see if any external hernia existed, but found none. When I first saw him the abdomen was tumid and there was a uniform and unnatural hardness throughout the entire surface. This distention slowly and gradually increased as the case progressed, thus rendering the diagnosis more obscure and difficult. Towards the latter portion of his sickness he took occasionally small quantities of wine or milk punch in addition to the food before mentioned. The day before he died his case remained unchanged, except that he complained somewhat of debility and seemed rather restless.

On the day on which he died (the 18th of February) I did not see him, but his friends told me he suffered some pain, at times quite severe, but became easy and sat up in bed and talked with them some time. He then laid down saying he wanted to go to sleep. A short time afterwards they discovered that he was dead.

The next day (19th of February) an autopsy was made by Dr. Cutts, assisted by Dr. Thompson, Dr. Perry and myself.

Upon opening the abdomen we found the intestines enormously distended with gas and liquid feces. On the omentum and various portions of the intestines we found numerous little nodules or miliary tubercles, and down below the sigmoid flexure about where the colon terminates and the rectum curves over the front of the sacrum a considerable thickening like a hard ring fitting around and filling up (or nearly so) the internal space of the intestine. There was found a close fitting valve which entirely obstructed the passage of feces. But the strangest thing to me is, that when both Dr. Thompson and myself so frequently introduced the long tube spoken of so high up into the colon, and through it passed such large quantities of fluid up into the bowels, which fluids invariably seemed to be discharged in about the same quantity as that thrown up, why a portion of the liquid feces with which we found the colon down to this very obstruction, so enormously distended, should not also have escaped is a mystery. The practice is, and nearly all the authors agree that, after having exhausted all other means of relief in such cases that surgical operation should be resorted to, such as enterotomy or colotomy with a view of affording relief from suffering and of prolonging life, but I think such operations were inadmissible in this case owing to the fact that the differential diagnosis could not be satisfactorily made.

Dr. S. S. Adams read a paper on

VARICOSE ULCERS.

(See this number of the JOURNAL, page 121).

In the discussion which followed:

Dr. Taylor said he had never been able to use elastic stockings sucessfully. The only plan of treatment which he found worth anything was bandaging. He had not tried rubber—as he preferred cotton—bandages. If too much pressure is made at first the patients complain of their heads. He had seen one case of fatal hemorrhage from varicose ulcers, and another nearly fatal. Patients should be told of the danger from hemorrhage and instructed how to apply a compress.

Dr. Cook thought Dr. Taylor would find flannel better than muslin, as it is more elastic.

Dr. Schaeffer thought Dr. Taylor would have no difficulty about securing properly fitting stockings if he ordered them according to the directions given.

Dr. Adams said Dr. Schaeffer had answered Dr. Taylor's objection. As to cotton, muslin or flannel bandages they are difficult to keep in place. This difficulty is obviated by using a rubber bandage.

On motion, the discussion was closed and the Society adjourned until March 11, 1885.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MAY 15, 1885.

(*Specially Reported for the Maryland Medical Journal.*)

The Society was called to order at 8.40 P. M. by the President, Dr. B. B. Browne; Dr. Jos. T. Smith, Secretary.

A HEART FROM A CASE OF AORTIC DISEASE.

Dr. Geo. J. Preston exhibited a specimen from a case aortic disease, in which the vegetations were well seen upon the valves.

The patient from whom this specimen was obtained, Mrs. X, white, æt. 45, had been for years a sufferer from chronic rheumatism. She was very much emaciated when first seen, had slight cough, and great œdema of feet and ankles. Auscultation revealed a very loud murmur over the aortic valve, systolic in time, and a very faint dyastolic murmur. There was no murmur over mitral. The aortic murmur was loud enough to be heard without applying the ear closely to the chest. Patient died from gradual asthenia.

Autopsy showed lungs adherent at both apices, and containing tubercles. Heart very small, weighing a little less than five ounces, no hypertrophy, and hardly any dilatation; aortic valve patent, and just below margins of cusps, which were thickened, prominent vegetations; mitral valve fairly competent; atharomatous plates in aorta. The interesting point is the very small size of the heart, which of course should be hypertrophied, showing that the endocarditis, which occasioned the vegetation and thickening of the valves, must have been of recent date. Another point to be noted is the presence of tubercles in the lungs. While there is no sufficient reason why phthisis and valvular disease should not be frequently conjoined, the fact is that they are comparatively rarely found together.

Dr. J. H. Branham thought that owing to the slight extent of stenosis, a dilatation of the heart would hardly have been looked for.

Dr. N. G. Kierle thought in very many cases the hypertrophy of the heart might be conservative, and noted a case in which a patient died much sooner than he might otherwise have done, owing to the existence of an aneurism without compensating hypertrophy.

Dr. Preston said where stenosis is well marked, dilatation will exist, with a resulting hypertrophy. Some authorities hold that no marked stenosis can exist without regurgitation.

In reply to Dr. Branham, Dr. Preston said the water test had been tried and showed the mitral valve fairly well, but that the aortic valve was competent. He could only explain the condition as found by the anæmic condition of the patient.

FATTY TUMOR OF THE HAND.

Dr. J. E. Michael exhibited a fatty tumor he had removed from the palm of the hand. He said he had had a series of fatty tumors; the specimen was from a colored woman; she had had a swelling in her hand for a long time. No pain, but the fingers moved stiffly. From the history of the case and the fact that a grating was felt upon deep pressure, he thought the trouble might be due to an enlarged ganglion.

The patient when first seen was an out patient of University Hospital, and after an incision had been made by Dr. Tiffany, and the diagnosis thus rendered certain, she was sent into the house. The tumor was exposed by a cross incision and dissected out with the fingers. An Esmarch bandage was used, and but little blood was lost; after removal of bandage the wound was washed with a hot douche, an iodoform bandage was put on and a ball of oakum in the hand. Wound healed with but little suppuration. He had seen two cases of tumors of the same character, one in a child two years old; a diagnosis is hardly possible without exposing the tumor. In the case of the child the tumor was in the sole of the foot, causing the arch of the foot to spread, projections from the tumor going in between the bones. A second

case showed the trouble in the wrist; an incision being made down to the tumor, it was found to be beneath the tendons.

In reply to Dr. Theobald, Dr. Michael said no antiseptic precautions were taken in the first case; it was done in his office where all is clean; in the second case such precautions were taken to a limited extent.

Dr. Sam'l Theobald thought it of interest to find the cases which did well without antiseptic precautions, and noted the almost uniformly good results in ophthalmic surgery, where no such precautions are taken. Dr. Knapp had tried the use of the antiseptic treatment of the eye wounds, but gave it up.

Dr. Michael said he thought eye operations were done under a natural antisepsis, that is the tears flowing over the wound kept it always washed clean.

Dr. N. G. Kierle said he desired to confirm Dr. Michael's statement in regard to the difficulty of diagnosing tumors under fascia.

In reply to Dr. Meierhof, Dr. Michael said he thought the knife a better means of diagnosing these tumors than freezing.

SUPRA-CONDYLOID OSTEOTOMY FOR GENU-VALGUM.

Dr. J. E. Michael spoke of a case of supra-condyloid osteotomy for genu-valgum. He said the operation had been done but rarely here, but frequently abroad, with good results. The patient was a colored man, aged 19, who attributed his trouble to an injury received on that side. The question was whether the trouble should be corrected by apparatus or operation; for many reasons the last was decided upon. The Doctor then spoke of the three forms of operation; first, that of cutting through the condyle obliquely into the joint where, by the slipping of the condyle, the limb is restored, its danger lies in the fact that the joint is opened; the second and third operations have for their object the change in the direction of the femur, one being done outside and one inside just above the epiphesis. In the last two the chisel is used, and as it is driven into the bone it forms a wedge-shaped cavity, after the chisel is withdrawn the walls of the cavity are brought together, with a resulting change of direction of the bone; in the third operation a wedge-shaped piece of bone is removed and the wedge thus formed simply by driving in the chisel. His patient was operated on by the second method; in one month the wound had healed and bone had united. After operation the temperature rose to 102°, with some increase of heart action, which latter was possibly due to the iodoform. He had thought this the first case operated on here, but Dr. Moale had preceded him.

Dr. J. H. Branham noted the case of a boy who was bow-legged, and who, by two separate falls from wagon, in which he broke first one leg and then the other, the healing of the fractures restored the limbs to their proper direction.

Dr. J. E. Michael said he thought people differed widely in their susceptibility to iodoform; if trouble, however, shows itself, the prompt removal of the drug causes it to cease. He noted a case of amputation of the breast in which the use of iodoform was used with a fatal result. In this case as soon as he noted the symptoms indicative of poisoning by the drug, he ordered the dressing removed and wound cleaned, which through some misunderstanding was not done. Prof. Billroth is a strong advocate for the use of the drug.

In reply to Dr. Rohé, Dr. Michael said the symptoms of poisoning by the iodoform were so mixed up with the surgical troubles attendant upon the wounds that it is hard to define them. The chief symptoms are rapidity and weakness of the pulse, dryness of the mouth, mental hebitude and dullness. He said the drug did no harm locally.

Dr. J. W. Chambers had used iodoform a great deal; he had had no bad symptoms from its use, and thought likely the symptoms were due to other surgical causes.

Dr. G. H. Rohé thought there was a difference in patients as to the influence of the drug upon them.

Dr. J. E. Michael said he had had a case in which he amputated the breast;

iodoform was used, and in a week symptoms of poisoning showed themselves; the drug was stopped with a disappearance of the symptoms; the same thing occurred in a case in which an ulcer was treated with the drug.

Dr. J. W. Chambers thought Dr. Michael's cases not clear, that the iodoform was not the cause of the trouble, and that possibly the drug was not so dangerous as was thought.

Dr. C. O'Donavan, Jr., exhibited an urethral speculum, self-retaining; also an instrument for seeing the surface of the walls of cavities, &c.; it is an old instrument, and very simple in construction.

Correspondence.

BALTIMORE, June 3, 1885.

To the Editors of the Maryland Medical Journal:

"*The Study of Chemistry in Medical Schools*" is receiving more or less journalistic discussion at present, and your recent editorial has led me to take part therein from some interest in the subject. The disposition to discard (more or less) chemistry from the medical curriculum is a natural outcome of the *method* usually pursued in presenting this valuable study to a class.

Dr. Perkins, F.R.S., in an anniversary address (1884) says: "Unfortunately medical men have as a rule acquired so inperfect a knowledge of chemistry themselves, that they have found it to be of little value, and therefore do not sufficiently see how important its proper study would be to students. Medical students have so much to learn, that it is sad they should have to waste their time in studying chemistry in the way they do. If there is any value in chemical products, as curative agents, if there is any value in physiological chemistry, or any importance in toxicolgy, surely, medical students should have a sound knowledge of chemical science; &c.

"The only cure for the evil appears to be either that their term of study should be lengthened or that other subjects, which are of less importance, should be withdrawn."

Prof. Hoppe Seyler, so eminent for his researches in physiological chemistry, confidently assigns the future of medicine to chemical science, and explains the current neglect of the same as not due altogether to an overburdening of the student, but sees the principal cause in the form which the medical curriculum has taken, the last ten years, towards pathology.

"Leube, a most active clinicist, has also raised a warning voice against its underestimation."

Surely the medical graduate should be sufficiently impressed with the important practical bearings of this professional branch (when properly brought to his attention) to desire and attain the ability to grasp the significance of new scientific facts and profit by every recent discovery. For various reasons, this impression is seldom made in medical schools, but as the *British Medical Journal* remarks: "the course appears tedious and obstructive instead of instructive in matters directly concerning the student and his profession." It would be far better, as is suggested, if a preliminary knowledge of elementary chemistry (among other things) was required of medical applicants.

The educational value of laboratory training in natural science cannot be gainsaid, and modern educators are insisting on its freer admission to every course of liberal culture.

President Eliot, of Harvard, (himself an author of a chemical manual) maintains that by such exercises, the powers of observation and judgment are peculiarly developed.

Another teacher* (physician and chemist) says, "there must be ability to grasp facts in their true relations and readiness to generalize the same as in him who would achieve success in medicine. One must learn to see things as they are and not as any preconceived hypotheses would have them to be. One must learn to distinguish between what is accidental and what essential."

Finally, at our Hopkins, we are told that the study of chemistry makes a man *honest* in his work and nature:—all of which are desiderata for any student or practitioner.

EDWARD M. SCHAEFFER.

*Dr. Steiner.

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No. 35 Park Avenue. BALTIMORE, MD

BALTIMORE, JUNE 13, 1885.

Editorial.

A WARNING FOR BALTIMORE.—The recent severe epidemic of typhoid fever at Plymouth, Pennsylvania, teaches a most instructive lesson. A very clear paper on the subject from the pen of Dr. Lewis H. Taylor, of Wilkesbarre, Pennsylvania, gives us some details as to the extent of the epidemic, its severity, and moreover, as to its cause, which is very interesting to this community, as indeed to many others, from the same or a similar liability. It appears that in a town of 8,000 or 9,000 inhabitants nearly a thousand people, or about ten per cent. of the inhabitants, were with little warning stricken almost simultaneously with a disease remarkable for its virulence and fatality, with, for a time, considerable obscurity in the symptoms. It soon, however, became obviously nothing other than what may be called a malignant form of typhoid fever.

The medical attendants were at first too much engaged in combating the disease to discover the cause; nevertheless, with true professional zeal they soon set to work to discover it. Typhoid is certainly among the preventable diseases. The time has gone by when men can fold their arms and complacently lay the blame of their own folly or ignorance on Providence. That kind of fatalism should now be relegated to the domain of Islam. Improvidence is harder on the Christian nations than Providence. And how is improvidence to cause such a malady as typhoid fever? Especially by allowing filth to prevail over cleanliness, and by permitting drinking water, that may be kept pure, to be contaminated.

These two factors prevailed at Plymouth; the town was very dirty, from "accumulated filth" that was then being acted upon by the rays of the April sun, and the drinking water, which came from a bright, fresh, sparkling mountain stream, was polluted.

How was that discovered? The Plymouth Water Company, in the month of May, employed a committee of physicians, Drs. Murphy, Miner and Taylor, to make an investigation of the stream from its source to the Plymouth hydrants.

These gentlemen did their work very faithfully, and found the water at the time of the examination to be exceptionally good and pure.

But going towards the head waters they found in a house, within forty feet of the banks of the stream, a person who had recovered from an attack of typhoid fever, contracted in December in Philadelphia, with a relapse in March. During the relapse he had had a copious and dangerous hemorrhage from the bowels. Throughout his long illness all the dejecta were thrown out upon the snow, or into a privy, all within a few feet of the stream. While the frost continued the dejecta underwent no change, but as the weather moderated the washings from the privy and the melting snow readily found their way into the stream. This occurred about the first of April, and within two weeks, or about an ordinary term of incubation, the fever made its first invasion. But for a time when the water was low from the Plymouth Company's supply, a quantity had been pumped into the Plymouth pipes from the Susquehannah river. Some of the citizens used habitually such water, and none from the hydrants. Now it is in evidence that strangers in Plymouth who drank only water from the river, and residents who drank only water from the wells, were exempt from the disease.*

*Judging from investigations recently made by Dr. Kedzie, of Michigan, for the *Sanitary News*, it would appear that the wells became contaminated during the prevalence of the epidemic. The doc-

Other visitors at Plymouth, who drank water from the usual supply and not from the river were taken with the disease.

The facts indicate positively then that the mountain stream first conveyed the poison to the unsuspecting people of Plymouth.

And there is abundant reason to believe that the dejecta from one patient, accumulated indeed for a considerable time and thrown into the stream in large quantity at once, carried disease to a thousand people, nearly one-tenth of whom died of it. Yet withal, it may be that if the town had been in good sanitary condition, there would have been less spread of the fever, and assuredly, less mortality.

We say that this outbreak should be a warning to our own community. Typhoid fever is only one of numerous diseases which may fall upon us from drinking fouled water. The more terrible, but more rare scourge, Asiatic cholera, is often propagated through polluted water.

Given air fouled by dirty streets, alleys, yards, cellars, and yet worse, by effluvia from the festering putrescence in a multitude of privies, so that the community is duly prepared to suffer from the first active synergic morbid agency that invades it in such condition, disastrous epidemics or endemics may be fully expected. Many will fall victims; many will die; and if many are spared it is only because of less exposure, or upon the principle of "the survival of the fittest." But even the survivors are often seriously damaged, it may be for weeks, for months, for years, or even for the remainder of life.

In Baltimore we see how the weak, *id est*, especially the children, fall victims every summer to the heat and bad food, it is said, but who really die of pythogenic diseases. They are poisoned by the putrid effluvia arising from back yards and privies. It is death from blood poisoning, though the obvious cause be called infantile diarrhœa or cholera infantum.

The remedy is far off and difficult of accomplishment. Garbage carts and the odorless companies can do a great deal for us, but the best use of the odorless companies would be in carrying off the excreta, not after, but before they become decomposed on the premises.

As to our water-supply, Baltimore is better off than most cities, especially than our neighboring city, Philadelphia, which knows not good potable water. Nevertheless, ours does need, and will ever need, a vigilant supervision. Lake Roland is apparently well cared for at present, but another great source of supply, the Gunpowder river, will some day give us a Plymouth experience if we do not hedge its banks with safeguards. Paper mills, grist mills, cotton mills, distilleries line its banks, and pass into the stream more or less refuse. The head-waters are in an agricultural region, and storms and rains bring down a quantity of fine soil, which renders the waters often very turbid. But, moreover, there are the washings from barn-yards, pig-pens, stables, and privies commingled with the more innocent earth and contaminating the water. It is true, great bodies of running water have great capabilities for neutralizing or destroying noxious matters, but there is a limit to such capabilities. If the Plymouth stream had taken the washings day by day from one limited source of infection, it would probably have destroyed their noxious properties, and left the population of consumers unharmed, but the aggregate mass accumulated in many weeks was too much for its purifying power, and thence the disastrous result.

And so at present the comparatively small quantity of foul matters which find entrance into the Gunpower may be made harmless for the time, but as these matters increase, the Gunpowder may become to us another Plymouth stream, or another Schuylkill.

Our authorities ought to see to it. We have understood that the Secretary of the State Board of Health has expressed

tor declared a specimen of the well-water he examined to be the worst he ever saw. "It belongs to the dungheap rather than to the dinner-pot." Altogether the polution was perfectly fearful. a natural consequence where privies in such an epidemic are near wells or springs furnishing drinking water.

a willingness to make a thorough exploratory examination of all the streams furnishing the city with water, with a full report of his investigations without any other expense to the city than a refunding of actual expenses. It may be asked why the exploration and report are not made by the State Board of Health? to which the very simple answer is that the State supplies no funds for the purpose.

Whatever the manner of doing the work, the city authorities should have it done, and done effectively, so that people may drink water supplied by the city without dread of taking in with every draught the germs of such diseases as cholera or typhoid fever.

Button-holing the Female Urethra.—In the issue of this Journal of January 24, 1885, there appeared an editorial entitled, "Recent Progress in the Diagnosis and Treatment of the Diseases of the Female Urethra." The object of this editorial was to call attention to the original work which Dr. T. A. Emmet had done in connection with urethral diseases in the female, and to show that the button-hole operation devised by Dr. Emmet had so facilitated the diagnosis and treatment of these diseases that great progress had been made thereby in female urethral surgery. It was stated "we propose only to present briefly a few points in connection with this important subject with the view of interesting others in its study, rather than with any intention of discussing or criticising the views expressed by Dr. Emmet." No reference was made to the literature of the subject or to the work of other operators. The article only considered Dr. Emmet's work, and it simply claimed for Dr. Emmet "great credit," which every impartial mind will concede, "for original and valuable contributions to the pathology and treatment of urethral diseases."

This editorial was copied by several of our exchanges, and among others it appeared in *Gaillard's Med. Journal* for March. In this way it was brought to the notice of Dr. Nathan Bozeman, of New York city. Dr. Bozeman feeling aggrieved that no reference was made to his work in this same direction, now takes occasion (*Gaillard's Medical Journal*, May, 1885, page 443) to accuse us of doing him a manifest injustice. The purport of Dr. Bozeman's complaint is that we presented Dr. Emmet's teaching in the strongest possible light of commendation and failed to refer to his (Bozeman's) original work. He charges the writer of the article, and also Dr. Emmet, with having ignored the contributions of his (Dr. E.'s) predecessors and contemporaries, and "in that way to encompass them (Dr. E's contributions) with a larger show of research and originality than they may be entitled to." He accuses the writer of the article in question of serving up "a sort of *ragout*, flavored to suit the palates of the benighted 'profession at large,' for which he evidently has great regard, as shown by his keen sense of taste in supplying the much needed knowledge upon the process of button-holing the urethra."

Dr. Bozeman's method of discussing the views expressed in our editorial is so whimsical and ill-tempered that the animus of his criticisms is truly distressing. He has been so fearful that we were too liberal in our good opinion of Dr. Emmet's work, that he hastens to inform us we are unacquainted with the subject. Without discussing Dr. Bozeman's claim to priority in the operation of "tapping of the urethra," we simply conceded to Dr. Emmet the credit for having devised the button-hole operation, which no fair minded man will admit has the slightest connection with or resemblance to Dr. Bozeman's proposition to drain a urethrocele by making an opening in the depending portion. Again, Dr. Bozeman takes occasion to discuss the merits of Dr. Emmet's operation, and to express the opinion, "I do not share with Dr. Emmet his high estimate of the value attached to the button-holing of the urethra for prolapsus of its mucous membrane." Dr. Bozeman is fully entitled to his opinion, and it does not disturb us in the least that he should fail to agree with us in regard to the merits of Dr. Emmet's work. Dr. Bozeman offers in his com-

munication no reason, except his own personal opinions, no clinical facts, and no evidence for opposing Dr. Emmet's work. His sole object in rushing into print seems to be to refute the claim conceded to Dr. Emmet, and yet he has offered no evidence to support his own claim.

We have no ill-will towards Dr. Bozeman, not the least. We are prepared to admit that he has done valuable and skillful work in female vesical surgery; still we fail to see the justice of his claim, and we fail to recognize in his criticism that spirit of truth which is conducive to the advancement of the "profession at large," for which he accuses us of manifesting so much interest; nor does his presentation of the subject, to quote his own language, "comport with the highest aims and requirements of scientific investigation." Whenever Dr. Bozeman can establish his claim for having performed most valuable original work in female urethral surgery we will be most happy to proclaim all the facts to the "profession at large." We have, however, not the least desire to disparage whatever valuable work Dr. Bozeman may have done in his profession. Had not Dr. Bozeman taken occasion to call us to account for our estimate of Dr. Emmet's original work, we would have been quite willing to have allowed him to have accepted his work at his own valuation.

Reviews, Books and Pamphlets.

A System of Practical Medicine by American Authors. Edited by William Pepper, M. D., LL.D., Assisted by Louis Starr, M. D. Volume II. General Diseases (Continued) and Diseases of the Digestive System. Phila.: Lea Brothers & Co. 1885. Pp. 1194.

The first volume of this valuable work was given to the profession a few months back, and was accorded a most favorable reception by the medical journals and medical profession of the English speaking races. The second volume, just issued, fully sustains the high character of this work, and will no doubt be received with marked favor by the profession. It is not our purpose to make a critical review of this volume. After a careful examination of its contents we are able to commend it for the general excellence of its articles and for the careful manner in which the work has been done by numerous contributors. This volume continues the subject of General Diseases from volume one. Under this head the subjects of Rheumatism, Gout, Richitis, Scurvy, Purpura, Diabetes Mellitus, Scrofula and Hereditary Syphilis are treated of by as many different authors. Two hundred and fifty-four pages are devoted to the consideration of these different diseases, no less than ninety pages being taken up with the subject of Rheumatism, which is elaborately treated by Dr. R. P. Howard, of Montreal.

The Diseases of the Digestive System are next treated under numerous classifications by different authors. For example, Diseases of the Mouth and Tongue, Diseases of the Tonsils, Diseases of the Pharynx and Diseases of the Oesophagus are each exhaustively presented under separate chapters by Dr. J. Solis Cohen; Functional and Inflammatory Diseases of the Stomach, by Dr. Samuel G. Armor; Intestinal Obstruction, by Dr. Hunter McGuire; Cancerous and Lardaceous Degenerations of the Intestines, by Dr. I. E. Atkinson, and Diseases of the Liver, by Dr. Roberts Bartholow. In this manner no less than thirty different affections are fully and systematically presented by a large number of contributors, each one of whom has been selected with special reference to his fitness for the task assigned him.

This work when completed will represent a huge text-book on the Practice of Medicine prepared by a corps of writers of distinguished ability. The series of volumes when completed will comprise the most valuable set of medical essays, perhaps ever published, should the volumes yet to be issued come up to the standard of the two now in print.

The Southern Bivouac for June, 1885. Edited by Gen. Basil W. Duke and Richard W. Knott. Published by B. F. Avery & Sons, Louisville, Ky. Price 20 cents each number, or $2.00 per annum, in advance.

Volume I, No. 1, of the new series of

this magazine presents an exceedingly readable and interesting table of contents to all persons fond of good general literature, but it will be read with especial interest by those who keep alive the memories of the late civil war between the States, and who cherish the history and military exploits of that struggle from the Southern standpoint. The "Bivouac" is distinctively a Southern magazine, not in a political sense, but from the fact that it deals chiefly with the aspects of Southern life, thought, action, with Southern history and scenery, with Southern traditions and prejudices, in accordance with the accepted rules of art.

The present number for June offers the following table of contents: Southern Ghost Stories, by Geo. M. Devereux; White Lilies, a poem, by Harrison Robertson; The Battle of Franklin, by Major D. W. Sanders, accompanied by a colored map of the battle-field, and portraits of Generals Cleburne, Stewart and Schofield; West Point before the War, by General J. M. Wright; A Red-Headed Family, by Maurice Thompson; A Winter Raid, by J. W. Davis; Brow of Egypt, a poem; Confederate War Songs, by Paul H. Hayne; Wild Life in the Seventies, a Tale of Florida, by Will Wallace Harney; General Morgan's Escape, by Thos. H. Hines, with a portrait of General Morgan, views of the Prison, and a map of the route taken to reach the Confederate lines; To Pyrrha, a translation from Horace; The Editor's Table; Salmagundi, a collection of Camp Stories and Character Sketches.

BOOKS AND PAMPHLETS RECEIVED.

Clinical Studies on Diseases of the Eye, Including Those of the Conjunctiva, Cornea, Sclerotic, Iris and Ciliary Body. By Dr. Ferdinand Ritter Von Arlt, Professor of Ophthalmology in Vienna. Translated by Lyman Ware, M. D., Surgeon to the Illinois Charitable Eye and Ear Infirmary, Chicago, etc. Philadelphia: P. Blakiston, Son & Co. 1885. Pp. 320. Price $2.50. For sale by Cushings & Bailey, Baltimore.

Urinary and Renal Derangements and Calculous Disorders: Hints on Diagnosis and Treatment. By Lionel S. Beale. M. D., Fellow of the Royal Society, and of the Royal College of Physicians, etc. Philadelphia: P. Blakiston, Son & Co. 1885. Pp. 356. Price $1.75. For sale by Cushing & Bailey, Baltimore.

Hay Fever and its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane. By Charles E. Sajous, M. D., Instructor in Rhinology and Laryngology in the Post-Graduate and Spring Courses, Jefferson Medical College, Philadelphia, etc. Philadelphia: F. A. Davis, Atty., Publisher. 1885. Pp. 103.

Diagnosis and Surgical Treatment of Abdominal Tumors. By Sir Spencer Wells, Bart., Late President of the Royal College of Surgeons of England. Philadelphia: P. Blakiston, Son & Co. 1885. Pp. 211. Price $1.50. For sale by Cushings & Bailey, Baltimore.

A Practical Treatise on Urinary and Renal Diseases, Including Urinary Deposits. Illustrated by Numerous Cases and Engravings. By William Roberts, M. D., F. R. S., Fellow of the Royal College of Physicians, London, assisted by Robert Maguire, M. D., London, Member of the Royal College of Physicians, London, etc. Fourth Edition. Philadelphia: Lea Brothers & Co. 1885. Pp. 606. For sale by Cushings & Bailey, Baltimore.

Miscellany.

THE CAUSE OF INCREASED SECRETION OF URINE WITH CONTRACTED KIDNEY.—Hypertrophy of the heart, which may be found accompanying the contracted kidney has been naturally explained by the supposition that increased cardiac energy is required to force the blood in sufficient volume through the diminished renal circulation. Prof. Rossbach, of Jena, (*Berlin. Klin. Wochenschrift*, No. 3, 1885) thinks the phenomenon of hypertrophy does not admit of this simple explanation, since in a series of experiments with the use of nitro-glycerine, which notably diminished the blood pressure, he found that not only no disadvantage resulted in chronic nephritis (stage of contracted kidney), but positive benefit. Even when the remedy is given hourly, not only is the amount of urine increased but also there is a marked improvement of the general condition, and of a series of severe symptoms on the part of the eye and chest—retinitis, asthma. Nitroglycerine causes temporary headache, but the system becomes accustomed to the drug in the course of a few days.

From these observations the Professor concludes that the augmented urinary secretion in case of contracted kidney depends upon other causes than the high blood-pressure: possibly it is due to more rapid transudation in the renal capillaries. Also, the high blood-pressure probably is in part responsible for the severe

symptoms of contracted kidney, retinitis, asthma, etc. Finally, nitro-glycerine is an excellent drug in such cases, as it prolongs life and relieves distressing symptoms.—*Courier of Medicine*, May 1, 1885.

Faradism in the Treatment of Arrested and Deficient Lactation.—Dr. Henry F. Campbell, in an article in the *Atlanta Medical and Surgical Journal*, on this subject, concludes as follows:

First. That from a consideration of the varying locality of the mammary gland upon the trunk of the several genera of mammalia, the nervous supply being furnished indifferently by any portion of the central spinal system—the object and the efficiency of the secretion being the same in all of them as in man—and especially from the known fact that anomalies in women have transferred the gland to abnormal localities, as the groin, etc., it may be decided that the neuro-dynamic excitation in the mammæ of the human female is of the simplest nature, and no other than that under which the functions of the integument, as sensation and secretion, are accomplished.

Second. After the foregoing conclusions in regard to the simplicity of the neuro-dynamic influences concerned in the function of lactation, and in the light of the experience of the cases herein reported, we may reasonably expect the stimulus of a well selected and judiciously applied electric or galvanic current to prove, in many cases of arrested and deficient lactation, a hopeful and often an efficient therapeutic measure.

Renal Surgery.—Under this heading a correspondent of the *Brit. Med. Journ.*, April 11, says that the Surgeon Heister, in his *General System of Surgery*, Helmstadt, 1739, discusses the question of the removal of a stone from the kidney by operation, remarking that the subject is seldom treated of in surgeries, it being generally thought too dangerous to be practicable; yet reason and experience both commend it as absolutely necessary under certain conditions. "For we have many instances of patients who have been freed from the stone in the kidney by a wound in that part received accidentally in the back (many of which are collected by Wedelins in *Dissertat de Lithotomia*, Jenæ, 1714; see also Schenck, *Observations*, and Bohn, *De Valn. Lethal.*, p. 157); and that in some cases without any dangerous symptoms." Heister then gives an instance of a man who was wounded in the region of the right kidney with a knife, so that blood and bloody urine came from the wound as also from the urethra, yet entirely recovered. Such wounds are, therefore, he argues, not always mortal but frequently curable.

He also quotes Hippocrates (*Lib. de Intern. Affect.*) in favor of the operation. Though interdicting his pupils from performing lithotomy he yet directs them to make a deep opening into the kidneys when elevated and tumefied, forming a tumor near the spine with a view to the extraction of calculi, and says by such an opening or incision alone is there hope of recovery.

He also quotes Rossetus and the anatomist Riolan, and others as holding that nephrotomy may often be practised with success if the incision be made in that part where the calculus is perceptible by a tumor or abscess formed in the loins. Heister adds that the calculus may be freely extracted by fingers, hook or pliers, and refers to Fontanus, Hildarnus, Tulpius and others as containing more upon this subject. The writer in the *Brit. Med. Journ.* then refers to the case of an English consul, who was operated on by Dominicus de Marchetti, "a famed and experienced physician of Padua." This surgeon began by "cutting gradually upon the region of the kidney affected" and then "cutting into the body of the kidney itself." Bleeding checked further progress, but he resumed the operation next day, removing two or three small stones. The protracted and "cruel pain" ceased immediately, and his wife having subsequently removed another stone from the wound in the loin of the shape and size of a date-stone he

never afterwards had any trouble there. The account of this case is contained in the *Memoirs of the Royal Society*, Vol. III.

Alcoholic Paralysis.—The immediate and transient effects of an excessive quantity of alcohol upon the human nervous system, whether they are manifested in the form of drunkenness, or of delirium tremens, or of an acute attack of insanity, are well known. Scarcely less evident are the effects produced upon the nervous system by a less excessive, but a more prolonged abuse of alcoholic drinks. These effects may be manifested either in a general failure of physical and mental power, or in a form of disease closely resembling progressive paralytic dementia, or in various forms of chronic insanity, or in epilepsy, or in neuralgia, or in paralysis. In the acute form of alcoholic poisoning, no change in the structure of the nervous system has been found, except that the meninges in common with the internal organs and the mucous membrane are the seat of a very decided injection and of a slight exudation. In the chronic form of alcoholism, a number of pathological changes have been discovered in the nervous system, which, however, vary greatly in different cases.

Of late years the paralysis which results from the abuse of alcohol has been accurately described by numerous observers, and the attempt has been made to discover the lesion of the nervous system, which is associated with this form of paralysis. Two cases which are reported by Dr. Henry Hun, of Albany, in *The American Journal of the Medical Sciences* for April, 1885, are typical examples of this disease, and contribute to a better understanding of it.

Dr. Hun has collected the recorded cases of alcoholic paralysis, and from their study he holds that we are justified in regarding it as a special form of disease with the following symptoms. After a number of cerebral and gastric disturbances, due to the alcoholic poisoning, the symptoms of the disease proper commence with neuralgic pains and paræsthesiæ in the legs, which gradually extend to the upper extremity, and which are accompanied at first by hyperæsthesia, later by anæsthesia, and in severe cases by retardation of the conduction of pain. Along with these symptoms appears a muscular weakness which steadily increases to an extreme degree of paralysis, and is accompanied by rapid atrophy and by great sensitiveness of the muscles to pressure and to passive motion. Both the sensory and the motor disturbances are symmetrically distributed and the paralysis attacks especially the extensor muscles. In addition to these motor and sensory symptoms there is also a decided degree of ataxia. The tendon reflexes are abolished, and vaso-motor symptoms, such as œdema, congestion, etc., are usuallly present. Symptoms of mental disturbance are always present in the form of loss of memory, and in transient delirium.

The lesion is in all probability a degeneration of the peripheral nerve fibres and of the nerve cells in the cerebral cortex, together with a chronic congestion or inflammation of the pia mater. The lesion explains well the symptoms, although it is certainly curious that alcohol should not attack the spinal cord, but only the highest and lowest part of the nervous system if one may so call the cortex of the brain and the terminal branches of the peripheral nerves.

A Study of the Subject of Spontaneous Rupture of the Membranes at Full Term of Gestation preceding the Beginning of Labor.—Dr. G. W. H. Kemper, of Muncie, Ind., in the April issue of *The American Journal of the Medical Sciences*, offers a careful study of 50 cases of spontaneous rupture of the membranes, occurring in his first 700 obstetrical cases, and he finds that—

1. The spontaneous rupture of the membranes at full term of gestation, and preceding the beginning of labor-pains, is an event of common occurrence, averaging about once in every fourteen labors.

2. When the membranes are broken, as a rule, labor supervenes at once, or within the next four hours, but may be delayed several hours, days, or even weeks.

3. When such an accident occurs, the duration of the labor is not necessarily prolonged, nor rendered more painful.

4. The mortality of the mothers is not augmented, and the ratio of stillborn children, if at all, is so slightly increased as to amount to a minimum.

5. The causes are not well defined. The repetition of the accident in certain women shows that with some a tendency is inherent. A possibility of atmospheric influences, especially a low temperature, as an exciting cause is admissible. Smellie considered obesity a cause. His observations have not confirmed this statement.

6. It is probable that the duration of labor is shorter in cases where the appearance of pains is delayed for some time after the membranes are ruptured.

7. The proper plan for treatment, as given by Smellie, McClintock, Bard, Denman, and Dewees, and corroborated by Dr. Kemper's experience, is rest, if necessary in a recumbent posture, and patience. All efforts to excite labor-pains are hurtful, meddlesome, and mischievous. Wait for pains, and treat the case on general principles!

8. Finally, that the fear of delay and danger in this class of cases—the classical "dry labor"—promulgated by our early obstetrical fathers, and endorsed by successive authors generally, is based on a merest spark of truth, and is one of those medical traditions that experience shows to be over-estimated and to a large degree apocryphal!

On the Treatment of Hypertrophied Tonsils.—Dr. Q. C. Smith recommends the following course of treatment for hypertrophied tonsils when excision is objected to:

No. 1.—℞. Hydrate chloral, carbolic acid—pure iodine, camphor *aa.* gr. v., alcohol, one to two ounces. M. Ft. Sol. S. Apply to tonsils with moderate pressure, once every two to four days,

No. 2.—℞. Oleate copper, oleate bismuth, balsam peru *aa.* ʒ ss., honey, one to two ounces. Mix. S. Apply to tonsils once or twice a day during the intermediate days of prescription No. 1. As constitutional remedies, we use something like the following prescriptions:

No. 3.—℞. Fl. ext. yellow dock, fl. ext. stillingia, syr. ipecac *aa.* ʒ ii. elix. iodo-bromide calcium comp. qs. ft. ʒ ii. M. Ft. Sol. S. Half to one teasponful (for small children) three times a day, just after meals.

No. 4.—℞. Syr. hypophosphite soda (Gardner's is best) ʒii. S. Half to one teaspoonful (for small children) three times a day, just after meals. If the patient be decidedly anæmic, the following prescription will be useful and pleasant to take: ℞. Cit. iron and manganese, gr. xxiv, aqua dest., ʒi., glycerine qs. ft. ʒii. M. ft. sol. S. Half to one teaspoonful (for small children) three times a day, just after meals.

Of course, these prescriptions, or something similar, should be varied as to strength, and frequency of application and administration, to suit each case. But whatever drug remedies are used, either topical or constitutional, they should be changed every week and other appropriate remedies used for the same space of time; while in the majority of cases, the patient should be allowed to rest entirely from drug treatment one week out of every three weeks. This course of treatment should be persistently carried out until the patient is cured, which usually requires at least several months.—*Amer. Med. Digest.*

Excellent Counter-Irritants.—Dr. Ellwood (*New England Med. Jour.*) recommends the following as an excellent counter-irritant, mild in its effects, and especially adapted to the treatment of children:

℞. Oleum Tiglii, ʒ i.
Ether Sulph,. ʒ ii.
Tr. Iodine, ʒ v. M.

Another good counter-irritant, which is stronger, will be found in the following:

℞. Oleum Tiglii, ʒ ij.
Ether Fort., ʒ vi.
Tr. Iodine, ʒ ij.
Potass. Iodide, ℈ i.
Iodine re-sub., grs. x.
M. and Sig. Counter-irritant.

Chlorate of Potassium in the Treatment of Burns.—Dr. J. W. Brown (*British Med. Jour.*) suggests the use of

a solution of chlorate of potassium, five grains to the ounce, in the treatment of burns. It is to be applied on pieces of lint, and these covered with oil-silk. The dressing should be changed at least four times a day. This mode of treatment is highly commended by the writer.

THE KNEE-CHEST POSITION IN VERSION.—Dr. E. F. Wells, of Minster, Ohio, calls attention to the advantage of the knee-chest position in this operation, and illustrates his point by a case.—*Amer. Med. Digest.*

Medical Items.

As a sequel to the Jacobi-Shoemaker correspondence, Dr. Shoemaker writes to the *N. Y. Med. Journ.*, June 9th: "I have no desire to bandy words with Dr. Jacobi on questions of veracity. My status in my own community is certainly as good as that of Dr. Jacobi in New York. I have never referred to or mentioned him in public in connection with the American Medical Association or the International Congress. At present he is simply his own accuser in the matter; but it is well-said that 'the wicked fleeth where no man pursueth.'"

Dr. Burdon-Sanderson, in a recent lecture upon cholera, offered the opinion that Koch's view as to the significance of the cholera bacillus was "an unfortunate fiasco."—*Med. Record.*

The Governor of New York has signed a bill empowering the Medical Society of that State to regulate its own membership.

Dr. Forster, of Amsterdam, urges the importance of physicians thoroughly disinfecting their hands before leaving a case of infectious disease, and he recommends a solution of corrosive sublimate of the strength of one to two thousand as the most reliable antiseptic wash.

The Long Island College Hospital Medical College has recently graduated a class of 47 M. D.'s.

Prof. J. J. Chisolm, of this city, has been elected President of the Baltimore Academy of Medicine for the ensuing year.

The admission of women to the medical and other examinations of the London University is said to be largely due to the indefatigable exertions of the late Dr. Billings, F. R. S.

The Pennsylvania State Medical Society has elected the following officers for the ensuing year: President, Dr. E. A. Wood, of Alleghany Co. Vice-Presidents, Drs. Hiram McGowen, of Dauphin Co. E. J. Russ, of Elk Co.; A. H. Sheaffer, of Mifflin Co.; and C. C. Halsey, of Susquehanna Co. Sect'y Dr. W. B. Atkinson, of Philadelphia. Recording Secretary, Dr. G. D. Nutt, of Lycoming Co. Corresponding Secretary, Dr. J. H. Musser, of Philadelphia. Treasurer, Dr. Benjamin Lee, of Philadelphia. The next meeting of the Society will be held at Williamsport on the first Wednesday in June, 1886.

The Medical Society of the State of West Virginia, which met at Weston, on May 20th and 21st, elected the following officers for the ensuing year: President, Dr. T. A. Harris, of Parkersburg. Vice-Presidents, Drs. A. H. Kunst, of Weston; J. F. Lanham, of Newberg, and J. L. Fullerton, of Charleston. Secretary, Dr. Samuel L. Jepson, of Wheeling. Treasurer, Dr. J. A. Campbell, of Wheeling. The next meeting of the Society will be held in Charleston, in May, 1886.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from June 2, 1885, to June 8, 1885.

Major S. M. Horton, Surgeon. Ordered for duty as Post-Surgeon, Fort Riley, Kansas.

Major P. J. A. Cleary, Surgeon. Ordered for duty as Post-Surgeon at Fort Lyon, Colorado.

Captain Joseph Y. Porter, Assistant Surgeon. Granted leave of absence for six months on account of disability.

Captain Charles Richards, Asistant Surgeon. Granted leave of absence for three days.

First Lieutenant R. L. Robertson, Assistant Surgeon. Leave of absence extended one month.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDING JUNE 6, 1885.

Wyman, Walter, Surgeon. To inspect unserviceable property at Baltimore, Md. June 6, 1885.

Carter, H. R., Passed Assistant Surgeon. To inspect unserviceable property at San Francisco, Cal. June 6, 1885.

Battle, K. P., Assistant Surgeon. To inspect unserviceable property at New Orleans, La. June 6, 1885.

Original Articles.

BIN-IODIDE OF MERCURY AS A DISINFECTANT IN OBSTETRICS.*

BY E. P. BERNARDY, M. D., OF PHILA.

My attention was first attracted to the use of the binionide of mercury as a germicide by Dr. Miguel, who published in *L'Annuaire Meteorologique de Mentsoun's* the results of some experiments made to determine the minimum amount of disinfectant necessary to prevent fermentation in a litre of sterilized beef-broth. His experiments show that the mercurials are the best antiseptics, the biniodide being nearly three times as strong as the bichloride. In his table of disinfectants he places the bichloride the fourth on the list. To a litre of sterilized beef-broth, he found it required 0.025 grammes of the biniodide of mercury to keep the broth pure; while 0.070 grammes of the bichloride of mercury was necessary to produce like effects. This shows that bacterial life is impossible in a solution of one forty thousandth part of the biniodide, while of the bichloride it requires the one fourteen-thousandth part. I was so forcibly impressed with his experiments that I determined to give the biniodide of mercury a trial in obstetrics where it would be necessary to use an antiseptic. The following are the cases in which it was used:

Case I.—On February 7th, 1885, I was requested to take charge of Mrs. D., who had been confined about six weeks previously. It had been her second confinement, the duration of labor had been short and delivery natural, but an extensive laceration of the perineum had occurred. No attempt had been made to bring the parts together by sutures. On the third evening she had been attacked with severe frontal headache and chill followed by fever with great tenderness over the region of the uterus. There being no improvement in her condition, her medical attendant was discharged, another called in who gave such an unfavorable prognosis that he also was requested to cease his attendance. I was finally called in on the above date. The patient had well-marked symptoms of septic poisoning; pulse 130 to 140, small and thready, and disappearing under pressure of the finger; temperature 104° to 105°; slightly delirious; constant vomiting; abdomen swollen and excessively tender; uterus enlarged, extending fully three inches above the pubis. In the right side there seemed to be a growth extending up into the abdomen, tender on pressure. On making a vaginal examination I found the os dilated so that my index finger would readily enter the uterus. Its withdrawal was followed by a gush of highly offensive matter. The uterus was surrounded by organized lymph and was immovable. The mass on the right side was easily detected and was continuous with the lymph surrounding the uterus. The vagina was hot. The peritoneum was torn to the anus; the surface raw and secreting an acrid matter which scalded the surrounding parts. The urine was dark; on standing a reddish material settled to the bottom; it looked like blood corpuscles. Dr. A. E. Roussell examined the specimen and reported it to be slightly acid; no albumen nor sugar; under the microscope occasional pus corpuscles, and swarming with bacteria. In conjunction with internal treatment, intra-uterine injections were made three to four times a day. I first used a solution of bichloride of mercury one to two thousand. This was continued for three days without any marked results. The discharges continued as offensive. One the fourth day the bichloride was replaced by a one to four thousand solution of biniodide of mercury. Within twenty-four hours an amelioration of all symptoms took place; the pulse fell to 100; temperature 101°; urine became clear, and the discharge odorless. The injections were continued for ten days, their frequency being gradually reduced. The uterus returned to almost its normal size and the lymph was gradually absorbed. The patient recovered.

Case II.—March 19th, 1885, I was

*Read before the Obstetrical Society of Philadelphia, June 7th, 1885.

called to attend Mrs. W. in her first confinement. On my arrival, found she had been in labor several hours; examination showed the os perfectly dilated; bag of waters protruding; vertex presentation; first position; ruptured the amnion. The vagina near its outlet was roughened with several warts; these spread also over the vulva. Labor progressed rapidly and the second stage was happily ended. After waiting nearly an hour making compression on the uterus, I made slight traction on the cord and while doing so, felt, with my hand upon the uterus, a cup-like depression of the fundus take place. This convinced me that I had an adherent placenta to deal with, and it would be folly to wait any longer; on introduction of the hand I found the placenta completely adherent; one could hardly say which was uterus, which placenta. After considerable trouble, I at last succeeded in detecting the placenta; it took fully three-quarters of an hour. On making a second examination to ascertain if all had been removed, my hand came in contact with long shreds hanging from all sides of the uterus; the more I scraped the more there seemed to be. I gave the patient f℥ij of the extract of ergot. The patient did well for ten days, when toward evening she complained of a chill and severe frontal headache. I gave her quinia sulph. gr. x, with morph. sulph. gr. ¼ at one dose; washed out the uterus with 1 to 4000 solution of biniodide of mercury. The pulse was 115 and temperature 102°. The discharge was highly offensive. The injections were repeated every four hours. On the evening of the next day the pulse was 98, temperature 100°; discharge odorless, and the patient was perfectly well in ten days more.

Case III.—April 23d, 1885, I was requested to call at once to see Mrs. K., who was reported in imminent danger of death. This was her ninth confinement. The history of the previous ones, with one exception, was not good. Her labors were natural but were followed by terrible flooding and protracted convalescence. I found the patient in an attack of puerperal convulsions. I gave at once gr. xxx of potass. bromide, and grs. xx of chloral hydrate; this dose was repeated in half an hour; ten minutes later another convulsion occurred; I then bled the patient freely. The os uteri was somewhat enlarged, the cervix soft and dilatable; vertex presentation. Dr. Curtin, whom I had sent for, having confirmed my opinion, and considering that the patient's time was quite up, we decided to etherize, dilate the cervix and deliver. The forceps were applied, and traction made at intervals. A living child was safely delivered. Continuous pressure was maintained over the uterus, but after the expulsion of the placenta the uterus did not contract until it had been washed out with hot water. The bromide and chloral was continued every two hours and no more convulsions occurred. The patient did well up to the fourth day, when the discharges became very offensive, the pulse accelerated, and slight tenderness existed over the uterus; no chill or fever. The uterus was thoroughly washed out with a solution of one to four thousand biniodide of mercury; within twenty-four hours the discharge became odorless, and the tenderness over the uterus had disappeared. The patient recovered after a tedious convalescence.

In these cases it will be seen that the biniodide was prompt in its action, markedly so in Case 1, where the bichloride and biniodide were both employed, the result being decidedly in favor of the biniodide. Naturally it will be said, here are only three cases from which deductions are to be drawn, and it is only after it has been carefully used in a large number of cases that its efficacy can be proved. It is for this reason that I call the attention of the members of this Society who are in a position to give it a fair and impartial trial, and at some future time give the results of their investigations. I have found the 1 to 4000 solution of the biniodide non-irritating; I have used it extensively in my gynecological practice, and in washing out pus cavities with good results. In it we have a preparation where the smallest amount of drug is used with results far exceeding those of any other antiseptic. On account of the small quantity of mercury there will be less chance of salivation.

The method I have pursued in making the solution is: Take three and a half grains of the salt well-triturated in a mortar and rubbed with one quart of boiling water slowly added, giving a solution of 1 to 4390.

Since writing the above I have seen in the *Phila. Med. Times*, May 16th, 1885, that Dr. Panas, Eye Surgeon of the Hotel-Dieu, uses the 1 to 25000 solution of biniodide of mercury in eye cases. He makes the following statements: "After a number of experiments I have convinced myself that a solution in water 1 to 10000 of the bichloride or a similar solution 1 to 25000 of the biniodide of mercury is much superior to any other antiseptic solution employed in eye surgery." Here again we have a statement that the biniodide in a smaller quantity is as good an antiseptic as the bichloride.

Society Reports

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD JUNE 4TH, 1885.

The President, B. F. Baer, M. D., in the Chair.

Dr. E. P. Bernardy presented a paper entitled

BIN-OIDIDE OF MERCURY AS A DISINFECTANT IN OBSTETRICS.

(See this number of Journal page 141).

DISCUSSION.

Dr. Montgomery's experience has led him to the conclusion that the bichloride of mercury is far more effective as a disinfectant than carbolic acid. Its introduction into the Philadelphia Hospital was due to Dr. Parvin, who found it very satisfactory. In eighteen cases of puerperal fever that were treated with bichloride injections, only three deaths occurred. This success was attributed by the Hospital Staff to the use of the bichloride. Dr. Montgomery, in private practice, follows the plan of Dr. Garrigues, of New York, in avoiding intra-uterine injections after labor, but applies pledgets wet with a bichloride solution over the vulva, after carefully cleansing away clots and washing the external parts with a similar solution; this sponging is repeated twice every day. In his last term at the Philadelphia Hospital he had only two cases of puerperal fever, one of which commenced twelve days after delivery. The history of Dr. Bernardy's cases shows an equal if not better antiseptic in the biniodide of mercury.

Dr. J. V. Kelly some years ago had several fatal cases of puerperal fever, and about twenty-five cases that got well. The trouble commenced in a case of abortion, in which he did not succeed in removing all of the placenta. He was at the same time attending a bad case of erysipelas; and at that time the relationship of puerperal fever and erysipelas was not known to him. He was on the point of giving up his practice and leaving the town, and he consulted Dr. Goodell on that question. Dr. Goodell discountenanced such action, but advised him when attending an obstetric case to remove his coat and roll up his sleeves, and wash his hands and arms well with turpentine, using the nail-brush thoroughly. Since that time he washed his hands in turpentine every day and again before every case of labor. He also uses a wash of vinegar and carbolic solution before touching a puerperal patient. He has had no puerperal fever or other septicæmic symptoms since that time.

Dr. Parvin said as a reference has been made by Dr. Montgomery to my having used corrosive sublimate vaginal injections in the cases of puerperal septicæmia under my care in the Philadelphia Hospital in my term of service last year, I will refer to the antiseptic treatment in the cases occurring the present year. When I took charge of the obstetric ward on the first of January, I found five recent cases of septicæmia; two of these patients died; one of the two had apparently recovered and then was attacked by pneumonia—quite possibly the pneumonia had a septic origin. Then there were at least seven other cases, but all these, as well as three of the original five, recovered. Injections of a solution

of corrosive sublimate, 1 to 5000, were used in all cases immediately after labor; the external parts were washed too with a similar solution; this injection was repeated twice a day in all cases for the first week after labor, while it was used oftener in those having septicæmia; intrauterine injections were used only when vaginal injections failed to correct the offensiveness of the discharge, but as is well-known there may be serious, even fatal, cases of septic disease though the lochial flow is not at all offensive.

In private practice after once washing out the vagina thoroughly with the antiseptic solution immediately after labor, this need not be repeated unless symptoms demand it, but the bathing of the vulva twice a day with the solution ought not to be omitted. Add, if you please, to this treatment the use of antiseptic napkins, a practice pursued by Dr. Montgomery at the Philadelphia Hospital so successfully, and I think we have taken the most important means to guard against the entrance of septic germs after labor.

He has had no experience with the biniodide of mercury, and does not know that it will supersede the bichloride. The argument in its favor is as strong as three successful cases can make it, but these are entirely too few, as Dr. Bernardy justly says, to prove its value and its superiority. In one of the doctor's cases labor was induced, apparently on account of eclampsia. Now is this the best treatment? Obstetricians are by no means agreed, some of the best condemning such treatment. But the subject is not properly before us now, and therefore no further remarks will be made upon it.

Dr. Montgomery uses the bichloride solution as an external wash only, not as an injection. He thinks the records of the hospitals in which injections are used will not show as good results as those in which they are omitted, if septicæmia be not present.

Dr. Willard had a warning to sound with regard to the use of bichloride solutions of stronger grades. He had been using washes and antiseptic dressings made with a 1 to 1000 solution of bichloride, but in consequence of what was written about the advantages of stronger solutions, he increased the strength of his dressings to 1 to 500, and within twenty-four hours the stools contained bloody mucus and were small and griping; there was vesication about the wound and around the limb under the dressings. Entirely dry dressings had been used, but they had been moistened by pus and serum from the wound. He does not see the advantage of strong solutions in serum as 1 to 100 or 75. The serum is a decomposable substance, and an uncertain portion of the antiseptic agent is destroyed by it; weak solutions in boiled water seem more reasonable and answer every purpose.

Dr. Longaker has been much interested in the third stage of labor, and would like to hear how Dr. Bernardy removed the placenta in the adherent case narrated by him. He has been using Crede's method with great satisfaction. He thinks the hand should be kept out of the parturient canal as much as possible. He does not need vaginal injections after labor, but depends upon outside washes. He finds that the temperature rarely rises during the puerperal period, even after instrumental delivery. He thinks care during the third stage will avail the necessity for antiseptics.

Dr. Parish agrees with Dr. Parvin's views. He has found a solution of 1 to 1000 of bichloride irritating, and he now uses 1 to 2000 to 5000. Strong solutions cause an appearance resembling erysipelas or inflammation of the derm. Injections are not necessary in every case when the surroundings are cleanly, and the patient a multipara he does not use them; but in primipara with contusions or lacerations, and when version or instruments have been employed he is in the habit of injecting a weak solution of bichloride immediately after delivery, but he does not repeat it but simply washes out the vagina. Cleanliness of hands, instruments and nurses is the most important point. He has never had trouble in private practice.

Dr. Bernardy, in closing the discussion remarked that he thought he had a far better antiseptic in biniodide than the

bichloride. He had used the former in surgical cases also, washing out pus cavities and always with good results. He does not use intra-uterine washes in every case of labor, He has attended since the first of the year about seventy cases of labor, and he has employed the intra-uterine injections in only the three cases detailed. In every case of labor he uses carbolic acid soap to cleanse his hands and arms, and the external genitalia of the patient. The eclamptic patient had reached or passed her full term, and there was no reason why the child should not be removed. In the case of adherent placenta it was pulled off forcibly and a shready lining was left in the uterus as no line of separation had formed. He believes the dangers consequent on passing the hand and arm into the uterus and vagina are much exaggerated, and he does not hesitate to do so when the exigencies of the case demands it.

Dr. Bernardy related a case of

GESTATION IN A SARCOMATOUS UTERUS SIMULATING EXTRA-UTERINE PREGNANCY.

October 3d, 1884, I was requested to visit Mrs. McG., delicate, age about 30, married six months. She was said to be suffering from a cold. I found the patient up. Temperature 105°, pulse 130, with a high fever and a severe cough. Examination of the lungs revealed double pneumonia. At the same time noticing the abdomen prominent, I inquired and was informed that pregnancy was five months advanced. The abdomen was rather large for that period. On Sunday, October 5th, she complained of a sharp pain in the right inguinal region. The pain was excrutiating and demanded the administration of large doses of morphia before any relief was obtained. I found the right inguinal region filled by an immense growth reaching almost to the lower border of liver. The uterus or what appeared to be the uterus was enlarged and pushed well toward the left side. On vaginal examination found the right side of the pelvis filled by a growth. At first thought I detected fluctuation, but closer examination showed it to be hard to the touch. The uterus was jammed well toward the left and was immovable, the neck somewhat absorbed, the os tilted up behind the pubis. To reach it the finger had to be passed well upward; it was closed and soft. The patient had never had any uterine trouble menses always came without pain; they never appeared after her marriage, which occurred one week after a period. Her health remained good for three months after marriage when, while out walking she was suddenly seized with a sharp lancinating pain in the right side of the abdomen. The pain was so great that she almost fainted but being a woman of strong will she finally, after suffering terrible agony, reached home and went to bed. No physician was called in; next day there were slight traces of blood on her night dress. Under absolute rest the pain subsided and at the end of a week she was about her household duties. The pain in the side returned if she overexerted herself. Sexual intercourse was painful and was followed by traces of blood the next day. Believing that the symptoms pointed to either extra-uterine pregnancy or a tumor complicating pregnancy, I asked Dr. Goodell to meet me. By the time the consultation was held, October 8th, a severe attack of peritonitis had commenced. This complicated matters as a close examination was impossible. On account of the distended and painful condition of the abdomen it was impossible to trace any outline of the growth or uterus. It was decided that the symptoms and history pointed to extra-uterine pregnancy, but that undoubtedly the uterus contained something, whether a tumor a child, in the present condition of the patient, it was impossible to decide; the leaning was toward a pregnant uterus. By October 16th the peritonitis was under control, the lungs no better. October 19th I was sent for, the messenger stating that there was a renewal of the peritonitis. I found the patient in active labor, the fœtus descending rapidly. In half an hour labor was completed. I readily detected the large growth filling the upper portion of the right side of the

pelvis; the uterus was surrounded by a hard growth. The cervix was hard. From this time the lungs improved, but she remained extremely weak and there was a constant dribbling of blood from the vagina. November 3d, the growth was still present and the cervix hard, and I began to think of malignant disease in connection with the tumor. I had applied, night and morning, to the abdomen ungt hydg., belladonna and iodine, equal parts; this seemingly had the effect of causing the absorption of the large growth, but the mass surrounding the uterus remained the same. November 27th vomiting occurred and was arrested with difficulty; a bloody discharge came from the vagina and a constant sore feeling was experienced over the region of th uterus, which was still toward the left side. The patient's condition was not good; she was extremely weak; the slightest exertion would exhaust her and bring on bleeding from the uterus. December 26th I found her suffering from pleurisy; the left pleural cavity full of fluid. January 1st abdominal dropsy had set in. A consultation with Dr. Goodell was held. A positive diagnosis of malignant disease was made.

Prognosis.—Death at any moment. She died suddenly the same evening while talking to her husand.

Post-mortem examination by Dr. E. A Roussel, twenty-four hours after death. Patient greatly emaciated.

Thorax.—A large amount of effusion completely filling up the left pleural cavity, while the cavity of the right side was partially filled; both lungs were compressed upwards; no adhesions. On section the lungs appeared mottled, and were hepatized in general appearance but were otherwise healthy.

Heart.—On opening the pericardium found a moderate amount of serous fluid vegetations on mitral valve. Weight eleven ounces.

Abdomen.—Entire cavity was greatly distended with a dark fluid full of broken down lymph. The intestines were forced upwards; there were slight evidences of beginning peritonitis. A portion of the ileum on the right side presented a black, unhealthy appearance bordering on gangrene. The uterus was increased in size. The outer surface presented an irregular mottled appearance; large veins covered its surface; at the fundus there appeared a spot about one inch in diameter, of a bluish tinge; on pressure by the finger the surface readily broke; underneath was a cavity about the size of a large hickory nut; it did not communicate with the interior of the uterus. On opening the uterus its cavity was found to be almost obliterated; the tumor seemed to have entirely absorbed the true uterine tissue with exception of the neck. In the body of the tumor were observed small masses or growths varying in size up to that of an egg. The ovaries were small and seemed to have participated in the general disease. Microscopic examination proved the tumor to be of the adeno-sarcoma variety.

At first I was convinced that I had a case of extra-uterine pregnacy; but the peculiar hardness of the tumor made me doubtful. Here was a patient that had never had any uterine ailment; marries; becomes pregnant; at the end of the third month, without any premonition, while quietly walking, is seized with pain of an excrutiating nature in the right side, goes to bed and remains quiet; the next day blood flows from the vagina. She remains comparatively well for two and a half months more when she is again suddenly seized with pain in the same side, followed by peritonitis. A tumor is found on the affected side; the uterus is enlarged, but not sufficiently so for a five and a half months pregnancy, the os giving no signs of that softening which should accompany pregnancy. Could we have a group of symptoms more allied to those of extra-uterine pregnancy?

Dr. J. M. Keating made some remarks on

INFANT FEEDING.

He said: At my request Dr. Charles Potts has instituted a series of experiments which have a decided practical value, and we hope to present them to this Society at an early date in full. I desire to place on record a statement of the results so far reached which appear

to be interesting and important. The question often rises: Is it of advantage or not for an infant to be partly nursed and partly bottle-fed? What action has milk upon starch, if any? To answer this the following tests were made: (1) Sample of milk composed of the milk of several women. A quantitative estimation of the sugar in it by Fehling's method showed 6.84 per cent. Ten c.c. of this milk was then taken and ½ gram of powdered starch added, allowed to stand at a temperature of 99° for thirty minutes, after which 5 c.c. diluted with 45 c.c. of distilled water was tested and showed 8.62 per cent. of sugar. The other 5 c.c., after standing sixty minutes, gave 9.09 per cent. (2) Another sample found to contain 7.14 per cent. of sugar had a ½ gram of powdered starch as in No. 1. In thirty minutes it gave 9.803 per cent. of sugar in 5 c.c. The other 5 c.c., after remaining sixty minutes, gave 8.62 per cent. Possibly part of the sugar deposited and was drawn off with the first 5 c.c. (3) Another sample showed 6.32 per cent. of sugar, and after adding the starch as before gave in the first 5 c.c. 8.19 per cent. The next 5 c.c., 7.93 per cent. The investigations showing that the womens' milk gave an increase of sugar after digesting with starch. Exp. (4) A sample of cow's milk was tested and found to contain 3.87 per cent. of sugar; to this was added a ½ gram of starch to 10 c.c. At the end of thirty minutes 5 c.c. diluted with 45 c.c. of distilled water showed no increase of sugar. (5) A sample of cow's milk gave 4 per cent of sugar, and was treated as before, but at the end of thirty minutes and then sixty minutes it gave the same result. (6) Another sample of cow's milk gave 3.703 per cent. of sugar; was treated as before with same amount of starch. In thirty minutes 5 c.c. gave same result; in sixty minutes 5 c.c. gave same result. These investigations show that cow's milk gave no increase of sugar after adding starch. Does the acidity of cow's milk prevent the sugar change? Does the acid change continue in an acid medium? (7) Took another sample of human milk from one woman. It yielded 6.25 per cent. of sugar. Added starch as before. In thirty minutes 5 c.c. gave 7.14 and in sixty minutes 5 c.c. gave 7.6 per cent. Took 10 c.c. of this milk (6.25 per cent. sugar) and added a few drops of c. p. dilute hydrochloric acid, enough to faintly acidulate it, and then added ½ gram of starch and let it stand as before. In thirty minutes 5 c.c. gave 6.41 per cent. and in sixty minutes 5 c.c. gave 7.35 per cent. of sugar. (8) Another sample of woman's milk without starch gave 6.17 per cent., with starch 7.24 per cent. Ten c.c. of the same acidulated with hydrochloric acid, c. p., diluted, gave in thirty minutes 7.35 per cent. In these tests 10 c.c. of Fehling's solution were used with 40 c.c. of distilled water.

If future investigations prove the correctness of these statements, we may safely assert that the nursing woman may supplement her breast milk with some well prepared digestive form of food containing a small quantity of starch advantageously, and also that the amylolytic ferment will remain active in the slightly acid stomach of the infant.

Deaths from Anæsthetics in 1884.—Dr. Ernest H. Jacob, Assistant Physician to the General Infirmary, Leeds, tabulates the number of deaths from anæsthetics which occurred in Great Britain during 1884. (*Brit. Med. Jour.*, May 2). The table shows 9 deaths from chloroform, 2 deaths from mixtures of chloroform and ether, 3 deaths from methylene and 6 deaths from ether.

In commenting upon these facts, Dr. Jacob says: "In reviewing the cases of death from chloroform and ether respectively, one is struck by the difference in the character of the operation; the deaths from chloroform being mostly in comparatively healthy persons, during slight operations. The deaths from ether occurred, without exception, in persons severely debilitated by disease."

Glucoside of Boldo as a Substitute for Cocaine.—The Paris correspondent of the *Medical Record* says that M. Laborde has found that the glucoside of Boldo in certain proportions produces ocular anæsthesia as well marked and similar to cocaine.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

(*Specially Reported for the Md. Med. Journ.*)

STATED MEETING HELD APRIL 29, 1885.

The Society met with Vice-President, Dr. W. H. Taylor, in the Chair. On motion, Dr. Schaeffer was appointed Secretary *pro tem.*

Dr. G. W. Cook presented a specimen from a

CASE OF EPITHELIOMA OF THE TONGUE AND PHARYNX.

L. F., a colored male, age about 43 years, was first seen by me January 3, 1885, when I obtained the following history:

Early in July, 1884, he had what he considered to be a *simple sore throat*, which persisted, though it did not give him much trouble until the following *November*. It then became so much worse that he was compelled to seek medical advice. There was no special symptom mentioned as having occurred during the early part of his sickness, except that he had had frequent hemorrhages from the nose. During December he continued to grow worse in spite of the treatment he was having, and became dissatisfied with his medical attendant; the doctor discontinued his visits, and I was asked to take charge of the case, which I did January 3d.

The patient was considerably emaciated and was without appetite, the tongue was covered with a thick fur and the breath was fetid. There was difficulty and pain on opening the mouth, and he complained of considerable pain in swallowing, the pain extending to the ear on the right side.

On inspecting the throat, it presented the appearance of gangrenous inflammation, affecting the anterior pillars of the fauces and tonsils on both sides, and the uvula as well. He was *constipated*, having had "no movements of the bowels for *four weeks*." Pulse 100, and rather feeble, temperature slightly elevated.

I directed *ten grains of calomel* with sugar divided into *six powders;* one powder to be taken every hour until the bowels were moved. If the powders failed to produce an evacuation, an *enema* of soap and water was to be given. All the powders were taken and the *injection* resorted to, before the bowels were cleared out. A solution of *carbolic acid* in water was used as a *gargle*, and ten minims of tinct. *chloride of iron* with three grains of *chlorate of potash* was directed to be given every three hours. *Milk* to be taken freely. This treatment was continued for a *week*, with marked improvement in appearance of the throat, though part of the *uvula* had *sloughed* off. The carbolized gargle was discontinued, and *hot salt water* substituted instead. The iron and potash were continued, though in less frequent doses. He complained of some obstruction in his nose, which was relieved after a few days use of the *nasal douche*.

After the expiration of two weeks from the beginning of the treatment the improvement, both local and general, was such as to lead me to expect his speedy recovery. The salt water gargles were continued and *citrate of iron and quinine* given instead of the iron and potash mixture.

From this time my visits were less frequent, and during Feb. I saw him only four times. During this time there was not much change in the local condition; the ulceration seeming to remain stationary. To combat any *possible* syphilitic taint, I gave him *iodide of potash*, but this did not agree with his stomach, and as there was no improvement in the condition of his throat, but it was rather getting worse, I discontinued it and resumed the *carbolized gargle* and the *iron* and *potash* mixture.

The patient continued to grow worse; he was ejecting from his throat quantities of ropy mucus tinged with blood. He was indisposed to take food, and refused to take any medicine whatever, because of the pain in swallowing. I *cauterized* the throat with a solution of *nitrate of silver*, 20 grs. to the oz., directed the continuance of the salt water

gargle, and he was to have as much milk as he could be induced to take. After several applications of the nitrate of silver solution he complained of it as giving so much pain that I discontinued it.

From this time, about the *middle of March*, I made no other application to the throat, than to dust a little *iodoform* upon the ulcerated surfaces. He took no food, other than the little milk he poured down his throat with a teaspoon, while lying on his back.

About the 1st of April Dr. T. E. McArdle saw him with me and suggested giving him *bi-chloride of mercury* hypodermically, as he thought there was a possiblility of syphilitic taint. But I did not act upon his suggestion, feeling satisfied that syphilis was not the cause of the trouble.

During the last month of his sickness he had *frequent convulsive* attacks with heavy breathing, followed by violent fits of coughing. (This is as they were described to me, I did not see him in one.)

For a long time his *jaws were rigid*, so that he could only partially open his mouth. He could not protrude his tongue, and it always gave him pain when I depressed it in examining his throat. The *uvula* and the larger part of the *soft palate* were destroyed by the ulceration.

On the 16th of April he had a hemorrhage from the throat, losing "about a pint of blood," and on the 22d he died. —*starved.*

REMARKS.

In this case syphilitic ulcer was excluded because there was no history of, nor evidence elsewhere of such infection. This disease could not have been of *scrofulous* origin, as there no general manifestation of such disease, and he had had uniformly good health up to the time this trouble began. The diagnosis seemed to lie between *lupus* and *epithelioma*, with the probability in favor of the latter disease. The autopsy which Dr. D. S. Lamb was kind enough to make, *seems* to confirm that view.

AUTOPSY.

Tongue, fauces, portion of pharynx and larynx. On anterior half of dorsum of tongue, right side and extending a little to left beyond medium line, for a space about 1¼ inch long and one inch wide, are many brownish raised patches from size of pin-head to several lines in diameter, separated by furrows. These patches consist of epithelial accumulations, not removed by washing or soaking. Those to the left are situated upon hypertrophied papillæ, and all the filiform papillæ of dorsum of this side, extending well back to lingual V are hypertrophid. The patches to the right are less prominent, and their papillary bases indistinct; intervening furrows and spaces smooth and bare of papillæ; this smoothness extending even to right lateral surface; in recent state this bare portion was covered with a whitish film no longer recognizable. Lingual V somewhat distorted. Right follicular portion and subjacent tissue of base of tongue beginning about the rise of anterior pillar, extending back to epiglottis, 1 inch long, ¾ wide and 1 thick, is indurated, raised ¼ inch above normal level, and ulcerated; similar thick dense new growth infiltrates tonsil and entire soft palatine vault, arching from right to left and involving adjacent pharynx; left tonsil and lower part of anterior pillar have escaped. Deep ulceration of thickened tissue on right side; uvula destroyed. Right submaxillary lymphatic glands enlarged. Left stylohyoid ligament ossified throughout. Body much emaciated; jaws fixed. Tongue, &c., as described. Heart 7½ oz., normal. Lungs much pigmented; lower half of lower left lung hepatized gray. Trachea coated with mucus. Bronchial glands pigmented. Abdominal organs somewhat wasted.

On motion, a recess was taken, and the specimen was examined by the members, together with a normal tongue and pharynx brought by Dr. Lamb to illustrate the changes involved.

On motion the specimen was referred to the Microscopical Committee for examination and report.

Dr. L. Tyler exhibited, on behalf of Dr. Patterson, a specimen of right scrotal hernia, penetrated by a knife in a murderous assault. The knife had entered the intestine and cut it in several places. Intestine was sewed where cut, but not returned to the abdomen. Died 30 hours after injury.

Dr. Burnett then read a paper, and exhibited sketches showing the appearance of the optic disk in one of the cases.

Dr. Berman said that these cases all reminded him of some occurring in his own practice, yet all presented some points of difference. The case of amaurosis resembled one which came to him in Baltimore. This was a colored woman, about 40; no children; said she had been healthy, but afterward learned she had a disease of the thigh when about 11 years old, which had left a scar, (no doubt congenital syphilis). Had total amaurosis and exophthalmia. Could not move eye, but considered this to be due rather to the swelling within the orbit than to any paralysis of the muscles.

Drs. Mackenzie and Sam'l Johnston examined patient with him, and thought there was aneurism of aorta. With ophthalmoscope, the appearances were perfectly normal, disk scarcely whiter than healthy blood-vessels well filled. Given tablespoonful of solution iodid. of potass. three times a day. In a week patient was much improved; in six weeks vision had returned, and also the mobility of the eye was restored. The heart symptoms were also much improved.

Syphilitic lesions of the eye were generally much more satisfactory to treat than those forms of optic neuritis due to defective menstruation. It was impossible to say to what the bulging of the eye was due in this case, probably to swelling of the periosteum.

Dr. Lamb asked about the fracture of the superior maxillary bone in one of Dr. Burnett's cases.

Dr. Burnett. The patient said the dentist broke it in endeavoring to extract a canine tooth and the subsequent history of the case tended to prove the statement true. The general theory was that in such cases the inflammation of the orbit was due to the spreading upward of inflammation of the bone.

Dr. Schaeffer asked why had not the pus in the antrum found an outlet downward through the seat of the fracture.

Dr. Burnett. The course taken by pus is very hard to predict in any given case.

Dr. Reyburn. The cases reported were all of interest, especially the last. The inflammation having spread from the antrum to the eye might be accounted for by impaired nutrition from the injury to the nerve, or the inflammation might have been propagated through the sympathetic nerves.

Dr. Burnett said he acknowledged the force of Dr. Reyburn's remarks, and had taken that view into consideration, of course, and did not wish to take up time by the discussion of the relation of facial erysipelas to blindness. In all these four cases the blindness was undoubtedly due to pressure on the nerve. The appearances of the optic nerves gave no indications in any of the cases of inflammation of the nerve. There were signs of hemorrhage, however. These cases coincided with Knapp's cases in symptoms and course, therefore, he had accepted Knapp's explanation.

(On motion the discussion was closed.)

Dr. Sothoron asked if Dr. Cook had tried the new cancer remedy—alveloz? He had been trying it in a case of his own for the last three days.

Dr. Lamb. Some points in Dr. Cook's case were of much interest to him. On the dorsal surface of the front of the tongue was an icthyotic condition or a collection of epithelium amounting to psoriasis. This condition is said to appear as a prelude to epithelioma, and often lasting for months or even years, to ultimately give place to the epitheliomatous condition of the part. The microscopical appearances in this case will probably show what it is. This appears in the absence of a complete clinical history to be a case of psoriasis, followed by epithelioma of tongue.

This man smoked to a certain extent.

The Chair announced that at the next

meeting Dr. T. Johnson would report a case of induction of premature labor.

Adjourned.

STATED MEETING HELD MAY 6, 1885.

The Society met with Vice-President, Dr. Taylor, in the chair, Dr. McArdle, Secretary.

The minutes of the last two meetings were read and approved.

The Committee on Microscopy made a partial report on Dr. Cook's specimen.

Dr. Toner gave an account of his trip to New Orleans, and his impressions of the recent meeting of the American Medical Association.

Dr. T. C. Smith presented a specimen of

ABSCESS OF THE BROAD LIGAMENT RUPTURING INTO THE PERITONEAL CAVITY. PERITONITIS. DEATH. AUTOPSY.

I was called to see E. R., on the 15th of April, 1885. She was 26 years of age, and an inmate of a house of ill-fame. The following history of the case was given to me:

Believing herself to be pregnant, having missed her courses for three months, she had attempted to bring on abortion by the use of a sharpened lead pencil. Considerable flow of blood, with a few clots, had resulted from this effort, and when I saw her she was having some flow, and slight pain in the uterine region. On making a vaginal examination, I found a good deal of roughness about the cervix, imparting to the examining finger a feeling as if the part were honey-combed. There was only slight tenderness of the uterus and no enlargement of that organ. Neither was there any tenderness of the surrounding parts. Small doses of opium and quinine were ordered, and hot-water vaginal injections were directed to be given twice daily. The patient was informed that she was not pregnant, and in all probability had not been so. At the next visit, April 16th, the speculum was introduced, and through this the sound was passed into the uterus, which was found to measure 2¾ inches. Carbolic acid and iodine were applied to the cervix, by means of cotton wrapped on an applicator. For a few days there was a slight discharge, and the patient was able to be up and about the house. On the 19th of April she had a chill. On the 20th she was free from fever, pain and discharge. On the 21st another chill, with fever and sweating, but after that no chill. I learned that last year she had had a prolonged attack of malarial fever. The present attack yielded to quinine, and was unattended by symptoms referable to the pelvic organs. At my visits on the 23rd and 24th she was doing well, and I did not deem it necessary to see her again until the 28th, when I found her in bed complaining of pain in the right hypochondriac region. There was no symptom referable to the uterus, but I deemed it best to make an examination, which failed to afford any other than negative signs. Carbolic acid and iodine were again applied to the cervix, which presented an improved appearance. Hot-water injections continued, and opium with quinine prescribed. The next morning there was rather more pain complained of, although the pulse and temperature were normal. There was loss of appetite, and weakness was complained of. I ordered elix. ferri. quin. et strychniæ, as a tonic and to relieve the pain suppositories of morphia and belladonna were prescribed. In the afternoon I was hastily summoned, and found the patient in a state of collapse. While she was dozing some one came into her room and she suddenly started up in bed. She then began to complain of severe pain in the right side of the abdomen, and to manifest symptoms of great depression. Although my examination had failed to show any evidence of cellulitis or abscess, I concluded that the patient was suffering from rupture of an abscess into the peritoneal cavity, and so expressed myself. Stimulants were freely administered and hot poultices applied to the abdomen until reaction came on, when morphia in sufficient doses to relieve pain was administered, first by hydodermic injection and subsequently *per orem*. On the morning of the 30th, peritonitis

was present; the abdomen was tympanitic and intensely sensitive to pressure; pulse 120°, temp. 102°. A blister 8x8 inches was applied, and morphia continued in full doses. In the evening the symptoms remained about the same, except that the patient was somnolent from the morphia. The blister had remained on ten and a half hours without complaint from the patient, and had drawn well. Urine had been passed several times during the day.

May 1, 9.30 A. M. Dr. Lovejoy in consultation. Pulse 112, temp. 102.5, the highest temperature recorded during the disease. Treatment continued. No perceptible change took place in the patient until the morning of the 4th, when it was evident that she fast growing worse. In the evening Dr. P. J. Murphy saw the case, but it was evident that death could not be averted. She died May 5, at 8.30 A. M.

During the whole course of her illness the patient received such nourishment as could be forced upon her. She refused to take milk for the reason that during her whole life it had always disagreed with her.

The autopsy was made by Dr. D. S. Lamb, two hours after death, and the following are his notes:

Some rigor mortis. Body well nourished; cicatrices of pregnancy. Examination limited to abdomen. General peritonitis; recent lymph and purulent fluid. Vagina normal. Uterus 3½x2½x 1½ inches in size; its peritoneum and also that of appendages somewhat coated with recent lymph; os uteri transversely directed and one inch in length; at left lateral angle of os were several dark punctiform depressions; cavity of uterus quite patulous; mucous lining normal. Right Fallopian tube normal; left contained some pus, and mucous folds of abdominal end somewhat greenish in color; fimbriæ congested. Right ovary enlarged and œdematous; left showed deep cicatrix and several small follicular cysts. Broad ligaments congested; right contained an abscess 1½ inches in diameter, with greyish corrugated lining; outer surface adherent to intestine and showed thickening and ulceration. Bladder empty.

Several interesting matters are involved in the history of the foregoing case.

1st. The attempt of the woman to produce abortion on herself when, in fact, no pregnancy existed. The injury done the parts by the pencil used (which I was informed was the usual plan with the women in that house) resulted in the formation of a small abscess of the broad ligament, which rupturing into the peritoneal cavity caused death.

2nd. The absence of symptoms of cellulitis, and the failure to detect the abscess by vaginal examination. Query: Is it practicable to make out the presence of an abscess of the dimensions of that present in this case by vaginal examination.

3rd. The rarity of this form of rupture of pelvic abscess. I have seen but one other case in which abscess opened in this manner, and that was in a case where abortion had been performed, but in which symptoms of metritis and cellulitis were present for a month before death. Usually these abscesses open into the vagina or intestines, but Emmet says they rarely rupture into the peritoneal cavity.

4th. Were the chills, which the patient had, the result of the formation of pus, or were they manifestations of malarial infection? My opinion at first was that the former was the correct explanation, but the prompt subsidence of symptoms on the administration of quinine, and the complete absence of the same on days between the chills, led me to conclude that they were of malarial origin.

In the discussion which followed:

Dr. H. D. Fry said he was very much interested in the specimen just presented. He had hoped on examination to find the abscess cavity connected with the right Fallopian tube. There was, however, no communication. Pus, though, had been found in the left tube. The Germans are now tracing salpingitis to gonorrhœa as a frequent cause, and he thought before examining the specimen that it might be true in this case. He would ask if it would not have been justifiable in this case to have opened and cleansed the abdo-

minal cavity. Tait would surely have done so.

Dr. Busey was about to say what Dr. Fry has just so well said. He thought it would have been possible to make out the presence of an enlargement by the bi-manual method. He did not think the chills due to malaria. The chills, elevation of temperature, and quickened pulse, together with the other symptoms should have suggested the diagnosis, and that being made, laparotomy was surely justifiable. Purulent peritonitis is considered incurable. This case was clearly hopeless unless laparotomy were performed. He agreed with Dr. Smith as to the difficulty of diagnosis of so small an abscess in the broad ligament, and he would hesitate before saying that he would have done differently in the treatment of the case.

Dr. Smith was willing to admit all that Dr. Busey had said. All authorities are agreed in giving but little hope aside from laparotomy. There is a hope, however, of the purulent matter becoming encysted by the peritonitis. He quoted a case from Emmet, showing the difficulty of differential diagnosis in the locality under consideration. He had, of course, considered the question of laparotomy, but a careful survey of the patient's surroundings gave him but little hope for a favorable result. In performing laparotomy the difficulties would have been increased by the small quantity of pus. He had no desire to be the pioneer in Washington in such a hazardous procedure.

On motion the discussion was closed, and the Society adjourned.

Correspondence.

REMINISCENCES OF HENLE.

Messrs. Editors:

Dear Sirs.—One of the most illustrious men of our profession has lately died. Almost every medical journal has noticed his death, for his name is associated with the first ideas of the human body which a neophyte medical student forms when he starts on his toilsome career. Henle is dead, but no one who ever had a personal acquaintance with him, even if he had never written so well, can ever forget him. He was the most delightful teacher, the most unaffected host, and withal his honors the most modest of men. Well do any of his former pupils—and I count myself among the fortunate number—remember him as he appeared in the lecture-room.

The Anatomy Building in Göttingen is very pretty and well planned. It is just outside the wall of the old town as you go towards the railroad station. The lectures in my day, fourteen years ago, were held in a circular room, the floor of which was on a level with the street, the roof being in the shape of a dome rising above its centre. In this room, with its circular seats rising in steep tiers and surrounding the table where the lecturer stood, we all sat, the front row being within reaching distance of the prepared subject. It was not necessary for the professor to raise his voice above a conversational tone; there was never any attempt at oratory. But such a lecture as Henle used to give!

He would appear at the stroke of the clock and commence with "Meine Herren" almost before he had reached the proper spot. Then continuing he would deliver his lecture in the clearest, plainest of language, while the students listened as quietly as the turning of the leaves of their note-books would allow. There was never a thought of applause at any time, but there was often a murmur of stifled wonder when the old gentleman—for he was even then grey-haired and venerable—would illustrate his subject upon a large plate of white ground glass which stood near. He would bring out the contrast of bones, muscles and vessels with different colored chalks, using one or both hands together as the size of his illustration necessitated a quicker finish than the use of one hand would allow. It was marvelous the rapidity with which he drew, and a feeling of admiration crept over one as the human form divine was developed from a few scratches and dashes.

He was always friendly to Americans, and he sympathized in any of the scrapes they fell into. He was very much amused once when your correspondent was near

having a duel with one of the sons of Göttingen's most celebrated philosphers because he—the son—insisted upon it that America was discovered in 1690.

Outside of the Anatomical Building Henle was as great as within it. His family worshipped him, and all his students of whatever nation made it a point to visit him regularly. They were invited to his house to some simple entertainment in groups during the year and seldom failed to appear when asked. But the few Americans who were there were perhaps the most intimate with him of any of his students. He always gave them seats in the front row of his lecture-room, and would over and over again turn to us and ask in good English, "Do you understand?" Often did we remain after lecture, go to his private room and enter into conversation with him, more because we wished to see and talk to him than because there were any questions to be asked.

He was a medium-sized man with a jolly pleasant face, large eyes and grey hair, which was usually worn rather long. He had a peculiar way of rubbing his nose, while lecturing, with the back of his hand,and the habit was so confirmed I doubt if he could have been as fluent if his hands had been tied.

Göttingen is a quiet university town where everyone knows everyone else. Its old wall, completely encircling the town and dating back many centuries, is planted with four rows of flourishing linden trees on top and grassed on its sloping sides. It makes a beautiful promenade. Around it, we students, walking abovethe level of the rooves and almost looking down the chimneys of the adjacent houses, would saunter. Many a time has a good story or a boistrous song been stopped when some one has said 'here comes Henle and his family.' With hats off and in silence, as is the German custom, we would respectfully salute our chief and pass on.

He was a man of the simplest tastes, and would appear almost as one of us at a garden concert or a students' celebration—indeed he showed more modesty than the most ignominious among us. His face still had the remains of several slashes received in the German duel as a student, so he could look back upon such affairs with the complaisance of advancing years.

The magnificent collection of skulls in which he took so much interest, and which has hardly a superior in the world, he used constantly in his lectures on the bones, and woe be to the young man who handled them carelessly. If the specimens handed round were not held properly, were not placed at the exact angle necessary, he would admonish the offender in a fashion pithy and pointed. In this respect he resembled closely Virchow in Berlin, who sometimes spends more time on the stupidity of those holding the specimens than on the subject of the lecture. Henle made it a rule (once a term) to choose students from those dissecting to make an autopsy while he stood by and asked questions. It was the most important day of student life when a young man's name was posted on the bulletin board. His regard and respect for the professor would have forced any student to cram for this direct examination, and shame would have prevented him from not appearing at the appointed time. Fancy the position of a foreigner green in anatomy, green in the vernacular of the country, and yet unwilling to acknowledge either. The autopsy was made entirely by the student in the presence of the professor and his assistant. There was besides always a crowd of unsympathetic dissecting men—the sophomores of the dissecting room—who looked upon the weekly demonstration as a chance for legitimate fun for them. It was enough, however, to look at Henle's genial face to reassure one, and his quiet direct questions brought out all the knowledge one possessed. I look back upon this ordeal, so simple as it now seems, as one of the most trying of student life, and if gratitude for Henle's kindness was the theme for discussion at that evening's Kneip there was no wonder in it.

He was to all his students the ideal of a teacher, a gentleman and a friend.

Very sincerely yours,

R. B. M.

Baltimore, June 15, 1885.

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No. 35 Park Avenue. BALTIMORE, MD.

BALTIMORE, JUNE 20, 1885.

Editorial.

CHEMISTRY IN THE MEDICAL SCHOOLS.—In a recent editorial we endeavored to show that chemistry could not properly be omitted from the curriculum of the medical schools. To our apprehension this is a self-evident fact, needing no discussion, but as some Journals of high repute in England and America are urging different views, we took the liberty of giving our own opinions upon this important subject.

Our excellent contemporary, *The Journal of the American Medical Association*, seems to think we do not see the matter in a proper light, and accordingly he undertakes to enlighten us, and the rest of the world, at the same time, as with another Bartholdi statue set up at Chicago.

Well, that doctors will differ is an old story—not only doctors of medicine, but all kinds of doctors upon all kinds of subjects, so that we will possess our souls in patience, and more or less reassert our opinions for what they are worth. In the first place we have no idea that chemistry is going to be ejected from the curriculum within the next half century, after which time we shall not trouble ourselves about it.

Chemistry is a constituent part of medical instruction. We said the student should not enter a medical school so ignorant of chemistry as not to understand the language of the professor. We suggested, that when practicable, he should take a year's preliminary course at, for example, such an institution as the Johns Hopkins University in chemistry and biology before beginning his full course of medical studies. He could derive great advantage from such preparation, and the more advantage he has the better for himself, the profession and the community; nevertheless, such preliminary courses cannot be required until our whole system and method of teaching are entirely reorganized.

We urged that before attending lectures the student should pass carefully over text-books, not only on chemistry but on all the branches taught at the schools, that he could comprehend the language, ideas and demonstrations of the various professors.

We said that most students are poor, and are obliged to economise in time and money—to which our critic objects, "We cannot see that the income of the student, either as regards time or money, has any relation whatever with the amount of instruction he should receive before human lives are placed in his hand: we are perfectly well aware that some schools seem to grade their courses on the principle that the applicant should receive his degree whether he has the proper amount of time, money or brains at his disposal or not—but we cannot endorse it. Any principle which proposes to adjust the teachings of the schools to the students, instead of requiring that the student be adjusted to the schools, and to the necessities of high education is fallacious in the beginning and productive of evil in the end. We are sorry to see our contemporary holding to the view that the student should be allowed to dictate to the schools."

Our contemporary thus amuses himself with overthrowing a man of straw of his own setting up—not ours. We do not wish the schools to give degrees to men who are wanting in time, money and brains; nor do we suggest that the student should be allowed to dictate to the schools. So far from it, we desire a full curriculum at every school, chemistry included, a longer time given to study, and so much preliminary examination as to show that the applicant has brains enough to have already acquired a good English education. If he have more so much the better for himself, but upon so

much he may be prepared to make a good practical physician.

Let us take the world as it is; and we will often see that brains and clinical industry are more useful in every day life than brains and elegant scholarship.

Our argument was that enough of chemistry is or ought to be learned at the schools to give to the practical physician a mass of facts that would serve him well in his professional career, though not enough to make him a professional chemist, which is quite another thing. We said that when a young man obtained his doctor's degree he became a *doctor* in all the branches of medicine though scarcely a *master* in any of them. And moreover, however clever, he can rarely expect in after life to be a master in more than one or two of the branches, a fact which may find an illustration in the New York correspondence of our contemporary in the very number wherein he undertakes to show and correct our mistaken views.

At the opening of Carnegie Laboratory in New York, Dr. Janeway expati ated on the excellence of such an establishment where were all the appliances for deep pathological research. In Germany professors are employed by the Government to give their time to such investigations, but in this country, said Dr. Janeway, "any one, unless possessing a private fortune, must give up a large share of his time and thought to acquiring the means of subsistence, and for the apparatus and other expenses of his work; and this must be either by teaching or practice. He is thus subject to interruptions, and is obliged to work at scientific subjects, not when fresh and vigorous, but when weary and jaded, and hitherto, too often in places little adapted to encourage work under such advantages."

Now the medical schools must necessarily send men out for the most part to work honestly at the commonplaces of their business, to practice medicine, obstetrics and surgery, and not to pursue high science in richly endowed laboratories to which not one in a thousand can ever have access; to say nothing of a fact sometimes observed in medicine that the plodder knows better how to treat patients when they are ill than does the pioneer scientist of the laboratory.

To come straight back to chemistry in the schools: There is lying before us a recent prospectus of the Medical Department of the University of Maryland; wherein we find the following outline of his course offered by the professor of chemistry and toxicology:

"The aim of this course is to present to the student the most important facts and principles of modern chemistry in a plain, but precise and scientific form, giving special attention to such matters as are of particular interest to the physician. The course of lectures is very fully illustrated by experiments, for which purpose the department is well supplied with apparatus. Courses of laboratory instruction, including the simpler operations of chemical analysis, the chemical examination of urine, &c., are given to undergraduate students free of charge for three months after the close of the regular session.

The chemical laboratory, open daily, in charge of the Demonstrator of Chemistry, offers excellent facilities to students desiring to take special courses in practical chemical manipulation."

We presume the other schools of the city, and indeed, elsewhere, offer similar opportunities and advantages, and we see no reason why students should be deprived of them, but every reason why they should enjoy and profit by them.

If we cannot convince our esteemed contemporary that our position is the right one, we still feel convinced that the schools and the profession will practically agree with us for many years to come.

On the Ostitis of those Working in Mother of Pearl.—Dr. Otto Weiss in an article in the *Wiener Medizinische Wochenschrift* January 3, 1885, calls attention to a rare affection found only amongst the Vienna artizans who dress mother of pearl. This disease is a multiple recurring ostitis, affecting youths of 15 to 20 years of age, and was first described by English in 1869, subse-

quently by Gussenbauer, and now Weiss completes the statistics of the cases occurring in Billroth's Clinic. It usually attacks the diaphysial ends of the long bones, and bears an important relation to the nutrient artery since it always begins in the end opposite to that to which the artery is directed, which is also that which is first united to the epiphysis. Whilst the long bones are those usually affected, the flat bones do not escape entirely.

The disease is essentially one incident to the period of puberty, and shows no tendency to recur after the completion of ossification. The symptom first noticed is pain of a tearing character, followed by a hard circumscribed swelling of the shaft of the bone, not involving the epiphysis. The movements of contiguous joints are either not affected or but limited in extent on account of the pain. There is usually more or less pain upon pressure. The overlying skin is generally not altered nor the soft tissues swollen.

A marked feature in the history of the affection is its tendency to attack many bones either simultaneously or consecutively. The disease appears to be a subacute ostitis or osteomyelitis, due to the inhalation of minute particles of mother of pearl, which undergo a chemical transformation in the system, the salts of lime being dissolved, whilst the insoluble konchiolin is carried by the circulation to the bones, where it becomes arrested and sets up an inflammation of moderate grade. The ostitis never terminates in necrosis, but sometimes leaves a considerable induration and enlargement of the affected bones.

The therapeutics of the malady is simple, the most important item of which is the abandonment of the work. Internally iodide of potassium in 15 to 30 grain doses may be given twice daily, and topically mercurial ointment, with warm wet applications. Under this treatment the pain and swelling rapidly subside, and the patient suffers no ulterior injury, unless he returns to the same occupation, when relapse is almost certain to occur. Very much the same series of symptoms have been observed in those working in meerschaum.

Miscellany.

A New Method of Administering Pepsin.—Dr. Prosser James, Lecturer on Materia Medica and Therapeutics at the London Hospital, etc., says in the *Brit. Med. Journ.*, May 16th: In adding another to the numerous preparations of pepsin, it is unnecessary to enter upon its physiological or therapeutical action. Pepsin has conquered for itself an important position in modern practice, and the new preparation is simply designed to render its administration more easy, as well as more satisfactory. The importance of administering it within a short time of taking the food on which it is expected to act, has been generally appreciated, so far as giving directions for the dose to be taken a little before or after a meal; but too often these directions are not implicitly followed, partly, perhaps, from the prejudice many patients have to take physic with their food; moreover, this plan in ineffectual. In natural digestion, the pepsin is not all poured on the food at once. By the movements of the stomach, its contents are successively exposed to the action of the gastric juice as they come in contact with the walls. To imitate this, we might take pepsin in successive portions; but patients, who mostly think it hard to swallow a single dose of medicine with a meal will not be easily persuaded to sip it, and they usually object to the taste of the liquids. There are other reasons why some of the preparations in common use are ineffectual. Thus, when taken with strong wines, the pepsin is precipitated, and the vinum is perhaps the worst preparation we can employ.

To secure pepsin being taken at the time it is required, that is, with the food on which it is to act, I have endeavored to convert it into a condiment. At first I tried a sauce, but with less success than I had hoped. Considering that pepsin is so associated in digestion with hydrochloric acid that some have held that a definite compound—pepto-hydrochloric acid—is formed, it occurred to me that, as chloride of sodium is the universal condiment, a combination with that salt offered the most likely solution of the problem I had set myself.

A simple mixture of pepsin with salt may be successfully employed as a digestive condiment, provided it be freshly prepared each time; for such a mixture, if kept, is apt to decompose, and the patient who has once observed this will take no more of the putrefying powder. How to overcome this difficulty was the next problem; and this has been also solved. The pepsin and the chloride must be brought together in such a way that possibly a compound, or pepto-chloride, may be formed. Whether such union occur or not, a powder thus prepared is quite stable. I have before me now a sample made many months ago, which has been used at intervals at the table, in place of common salt. It has a faint color, which is not objectionable, and used as table-salt is nearly indistinguishable from that condiment. Here, then, is a digestive condiment, a peptic salt, which many may be glad to try, and which has already given me satisfaction.

Messrs. Savory and Moore, who manufacture digestive preparations on so large a scale, are now prepared to supply my preparation. I propose to call it "peptic salt," or "digestive salt," or it may be ordered in prescriptions, if preferred, as sal-pepticus, or as pepto-chloride of sodium. Ten grains of my peptic salt will dissolve nearly 200 grains of hard-boiled albumen, or two ounces of lean cooked meat. It may take the place of table-salt in the dyspeptic's dietary. The special modes of using it in different cases and with different foods, would unduly lengthen this communication.

Second Attacks of Scarlet Fever.—Dr. Jacob read a paper on this subject before the Leeds and West Riding Medico-Chirurgical Society. A child, aged two years, was admitted into the Fever Hospital with symptoms of scarlet fever, from which disease her mother was at the time suffering. After a slight attack the child was discharged perfectly well, there being no desquamation. A few days afterwards she was re-admitted, suffering from very severe symptoms of a renewed attack—high fever, ulcerated throat, and convulsions—which rapidly proved fatal. The notes of a second case of precisely similar character had been given him by the kindness of Dr. Blore, the resident medical officer of the Fever Hospital, which also ended fatally. In such cases it might be held: (1) That the diagnosis of either attack was incorrect. (2) That the second attack was a relapse, an auto-infection, such as was seen in cases of typhoid fever. (3) That the second attack was caught in the hospital; the first attack had given no prophylaxis. If this last alternative were the correct view, it would be important not to expose a very light case of the fever to the risks of a second infection. —*Britsh Medical Journal.*

Induction of Premature Labor.—Dr. T. Gaillard Thomas, of New York, writes as follows regarding the induction of premature labor (*Med. and Surg. Rep.*, Feb. 14, 1885): The method of inducing premature labor which I now invariably adopt is very simple, and, at the same time, a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub below on the floor. In this tub we put one or two gallons of water at a temperature of 98° F. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put in bed, and that is all.

This operation constitutes one of the greatest advances that have ever been made in the obstetric art, and it is certainly no mean triumph to be able thus to preserve a human life which, without its aid, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before full term, it

should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the temperature of the room in the meanwhile being brought up to nearly one hundred degrees.

The Importance of Shampooing and Gymnastic Exercise in the Treatment of Epilepsy.—Dr. John Kent Spender, Physician to the Mineral Water Hospital, Bath, says in the *Brit. Med. Jl.*, May 2, 1885: "Whatever may be the healing virtue of 'rest' in a surgical sense, there are diseases in the treatment of which too much bodily rest and too much sleep may be medically injurious; that is to say, they are injurious in adding to the lethargic dulness which is the natural sequel of certain morbid processes; so that our duty as physicians lies in counteracting, by outward means, the depressing effects of internal and invisible forces. I do not wish to say that drugs have been too highly estimated in treating epilepsy; their effects are more striking than in the treatment of other diseases, and are one of the approximate certainties of medical art; but other remedial agencies have been valued too little. It may be proper to think of drugs first; but long ago Dr. Russell Reynolds recommended 'wholesome mental exercise,' and I wish now to add a plea on behalf of wholesome bodily exercise as well. Bodily exercise means bodily education, or the training of the muscles into stronger and more harmonious action; and by soothing and regulating the motor nerves, all the disorderly phenomena of epilepsy may be brought into comparative subjection and quietness.

"Among the useful hints which have been offered by Dr. Radcliffe on this subject, he has warned us that the "sleepy epileptic" must be roused early, and made to leave his bed. Similarly, the stupid and idle epileptic must be summoned to his martial drill, and his senses kept "alive" by stir and movement. But even when the faculties are acute and femininely sensitive, the stultifying effects of the long-continued epileptic convulsion may be appropriately met by gymnastic exercises and systematic shampooing of the whole body. In February, 1884, Dr. Radcliffe kindly entrusted to my care an epileptic lady of middle age, refined in manner, but almost emaciated in form, and the mother of two healthy and happy young children. Medicines of a special kind had been admistered, including cod-liver oil; but, during the last few months, the steady improvement has been materially quickened by the following plan of action. The body is sponged with hot water every day; the arms are moved up and down frequently (this expands the narrow chest), and clubs of moderate weight are raised with the hands. Walking in the open air has been encourged on all possible days. Once a week, a professional shampooer comes and carries out a complete massage of the whole body. Two epileptic girls, children of farmers in a neighboring county, have rapidly improved under similar management.

"What I have now written is probably quite familiar to experts in neurology; but Trousseau says nothing about it, and, in the best Engligh monographs, the hygienic treatment of epilepsy receives scanty recognition. Assuming that a rational scheme of medication is adopted in any given case, I claim that regular shampooing and gymnastic exercises may greatly help our therapeutic work, and sometimes make all the difference between success and comparative failure."

Liniment for Earache.—Dr. Carlos Pavesi recommends (*El Sentido Católico en las Ciencias Médicas*) a liniment composed of camphorated chloral, 2½ parts; pure glycerine, 16½ parts, and oil of sweet almonds, 10 parts. This is to be well-mixed and preserved in an hermetically closed bottle. A pledget of very soft cotton is to be soaked in the liniment and then introduced as far as possible into the affected ear, two applications being made daily. Frictions may also be made each day with the preparation behind the ear. It is claimed that the pain is almost immediately relieved, and even in many cases the inflammation is subdued.—*Midland Med. Miscel.*, March.

Medical Items.

Dr. J. Staige Davis, Professor of Anatomy in the University of Virginia, who was stricken with paralysis some weeks ago, is recovering, and hopes are entertained of his restoration to active work again. Dr. Davis enjoys the distinction of being a most forcible and interesting teacher of anatomy. He has few equals as a lecturer in this branch.

Dr. S. S. Keeling, a highly respected and popular physician of Norfolk, died recently at his residence in that city after a lingering and painful illness.

The *Pacific Med. and Surg. Journ.* says: "We are informed that a new medical school is to be established at Los Angelos. This action may benefit a few practitioners, but by thus dividing forces in a sparsely settled State, the student will surely suffer."

The University of Pennsylvania and the Jefferson Medical College of Philadelphia have each discontinued their post-graduate course.

In the discussions which have taken place among the technical expert delegates at the International Sanitary Conference at Rome, the fact has been admitted that quarantine is useless whilst medical inspection and isolation are urged.

M. Cornil and M. Mégnin have stated at a recent meeting of the Paris Biological Society that tuberculosis is very common among fowls, turkeys, pheasants, partridges and pigeons.

The French Association for the Advancement of Science will hold its fourteenth meeting at Grenoble on August 13th.

The *Med. Record*, in commenting upon the portrait gallery which appears monthly in the *Atlanta Med. and Surg. Journ.*, makes the observation that "Georgia doctors are able men, but not handsome." We would suggest that possibly this latter condition is the fault of the artist rather than the subjects sketched. If the gallery is a strict representation of nature we accept the *Record's* verdict.

The Academie de Médicine has awarded to Dr. Straus a Monbinne Prize of 2,000 francs (£80), and the same to Dr. Roux, for their researches on cholera at Toulon.

Dr. F. C. Kinney, of Greensboro, Vt., reports in the *Med. Record* the case of a girl who gave birth to a well-developed female child when she twelve years, ten months and sixteen days old. Whilst younger cases of confinement have been reported they are exceedingly rare at so tender an age.

The seventh annual congress of the American Laryngological Association will be held in Detroit, Mich., on June 24th, 25th and 26th.

In the Vienna Obstetrical Hospital about nine thousand patients are confined every year. The mortality from all causes is said to be less than one-half of one per cent. for mothers and about fifteen per cent. for children.

Dr. J. N. McChesney, a native of Staunton, Va., and our former classmate at Washington and Lee University, died recently with consumption. Dr. McChesney graduated at Bellevue Medical College, N. Y., in 1874 and subsequently located in that city, where he succeeded in making many friends and in achieving distinction in his profession. He was an exceedingly genial and manly gentleman, and his death will be regretted by all who knew him.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from June 9, 1885, to June 15 1885.

Major B. E. Taylor, Surgeon U. S. Army. Ordinary leave of absence extended six months, from July 1st, 1885, on surgeon's certificate of disability.

The order directing Major P. J. A. Cleary, Surgeon U. S. A., to change station from Fort Union, New Mexico, to Fort Lyon, Colorado, is revoked.

First Lieutenant C. N. B. Macauley, Assistant Surgeon. Relieved from duty at Fort Sessiton, Dakota Territory, and ordered for duty at Fort A. Lincoln, Dakota Territory.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDING JUNE 13, 1885.

Wyman, Walter, Surgeon. To proceed to New York, N. Y., and assume charge of the Service, relieving Surgeon Sawtelle. June 8, 1885.

Banks, C. E., Passed Assistant Surgeon. Granted leave of absence for thirty days. June 12, 1885.

Original Articles.

A PLEA FOR THE MEDICINAL USE OF PURE ALCOHOL AND ALCOHOLIC MIXTURES OF KNOWN COMPOSITION IN PREFERENCE TO ORDINARY FERMENTED LIQUIDS.*

BY HENRY LEFFMAN, M. D., OF PHILA.

I present to the College this evening, with some misgivings I confess, a topic which can scarcely yet be considered a "live issue" in clinical medicine, but which is destined, I am certain, to become one. At the present time the profession does not take kindly to suggestions having in view material modifications of its policy in reference to alcoholic liquors. The majority of physicians regard those who preach or practise total abstinence, or throw doubt on the indispensability of alcohol as a therapeutic agent, as entitled to little respect or tolerance. In presenting the view that we should abandon in clinical medicine the use of the natural wines and liquors, and resort to mixtures confessedly fictitious, we must expect to encounter all the force of the conservative spirit. Many centuries of constant use have developed in the race a feeling that fermented drinks, particularly those that, like wines and malt liquors, have suffered no modification by distillation or admixture, are bounties of nature wisely given for our use. The traditions of the past associate the first preparation of liquor with the gods, and in all ages poetry and prose have combined to increase the reverence for these natural products. Yet all this feeling is nothing but a superstition. Fermentation is now known to be a process occurring under the influence of micro-organisms, and it allies itself with ordinary putrefaction. The reverence which we have for "nature's laboratory" is born of ignorance, and there is no progress in chemistry more gratifying in its results, than that which deals with dispelling the illusions which have surrounded its application to medicine.

*Read before the College of Physicians of Philadelphia, June 3, 1885.

Whatever ulterior relations the plan advocated here may have to the questions of total abstinence are not presented for discussion; I merely offer it as a contribution to the methods of exactness and certainty in clinical work.

In the medicinal and dietetic use of fermented liquors, it is the effect of the ethyl alcohol which is sought to be obtained. It is true that those who prescribe liquors a great deal are in the habit of saying that the accessory ingredients, compound ethers, astringents, or bitter principles, etc., are also efficacious, but that if we closely observe the customs of such prescribers, it will be found not only that the effect expected from the alcohol outweighs that to be obtained from any other ingredient, but also that in the majority of cases the accessory ingredients are either not known or recognized.

Taking this fact then as a starting point, that an agent universally recognized as one of powerful physiological activity should be used only in the most definite condition. The forms of fermented liquors are numerous, and each form is subject to minor variations, depending on locality and season. The demand exceeds the supply, and hence the strong temptation to dilute and substitute. Within the past few months further notice has been given of the communications by American consuls abroad to the effect that the wines and brandies exported from France and Portugal are fictitious articles, in the majority of cases, and it needs but a little inquiry to show that a very large trade in liquors more or less spurious is carried on over the entire world.

Chemical analysis still has much to accomplish in the study of fermented liquors, but enough is known to enable us to imitate their essential features. The tabular statement of composition gives us a long list of mineral ingredients, but we are reasonably certain that, besides the ethyl alcohol, the only ingredients that need attention are the traces of fusel oil, compound ethers, astringent and bitter principles, and the effect even of these accessories is oftenmore on the mind than on the body.

I suggest first, then, that in all cases in which the general physiological effect of ethyl alcohol is desired, it should be given by prescription, in the form of a rectified spirit of standard strength. My friend Dr. A. W. Miller, who is familiar with this topic, both from the point of view of the pharmacist and physician, has suggested that such a standard, pure spirit, be made officinal under the title *spiritus maydis rectificatus*. Such a suggestion is in the interest of clinical accuracy and safety to the patient. If the medical profession have any concern in the protection of the health and morals of the community—and it would certainly appear that it has great concern—no better opportunity is offered for good work than in reforming the widespread errors in reference to the use of alcoholic liquors. Where is the physician who would say to a patient, take a little laudanum or chloral every day, and leave to the patient or druggist the duty of determing the dose, or the duration of the treatment? Yet every day physicians give similar recommendations in regard to liquors. The use of rectified spirits in prescriptions is to be recommended on the same ground that we give potassium bromide and iodide in accurate dosage, instead of the sea-water which contains them, or morphia and quinine instead of opium and Peruvian bark. Incidental to the therapeutic accuracy and moral safety which are involved in such practice, is the not unimportant question of cheapness. Many liquors command prices far above the actual commercial value of the ingredients they contain. A pure French brandy, for instance costs $12 per gallon. Its place can be taken by a spirit of much less cost.

Several objections may be made to the plan of using the plain spirit. I cannot stop to consider the one which arises from a belief in the superiority of a natural product, from a view that that which arises from a natural process will be necessarily superior to anything artificial; this, as I have said before, is a superstition; but there are some suggestions which are really important. It may be that the accessory ingredients have some therapeutic value, and it has been said to me that while pure alcohol may easily be used during acute disease and in hospital practice, that in long-continued treatment, and as a dietetic, patients cannot be made to take it. In these cases the method to be pursued is plain. Let the alcohol be mixed with suitable accessory ingredients. If a combination of bitter tonic, sedative, and stimulants is wanted, it can be prescribed, and so on. There need be no difficulty in the matter, because modern art in the preparation of fictitious liquors has reached such perfection that excellent imitations of the natural liquors are made, and these have the advantage of definite and known composition and greater cheapness.

It is not uninteresting to note here the general nature of this work. I have the samples to illustrate it. In the preparation of fictitious liquors three methods may be employed. 1st. The genuine liquor may be diluted with a suitable strength of pure spirit. This will give us a liquor differing but little from the original. 2d. The liquor may be imitated by adding to pure spirit coloring and flavoring ingredients. In many cases this will give a liquor substantially identical with the original. 3d. The liquor may be made up weak, and then taste and appearance of alcoholic strength be given by means of pepper and bead oil. The latter method is reprehensible, but the two former methods are, I hold, not injurious, and should be recognized.

[After the reading of the preceding paper:—]

Dr. A. W. Miller said: I have listened with much pleasure to the reading of this paper, for the subject is one in which I have taken considerable interest for a number of years, and I have myself written several papers on it. I doubt whether Dr. Leffman is entirely correct in speaking of these liquors as being made by art. It is simply following a well-known law of commerce and bringing those products from countries where they are abundant to those countries where they are scarce. In making whiskey we use alcohol produced by fermentation of corn, which is the cheapest article from which it can be made in this coun-

try. This is passed through percolators containing charcoal, sometimes animal and sometimes vegetable, which absorbs all the fusel oil and coloring matters. When this process is carefully performed, we have an absolutely pure spirit, which is made of such strength as to contain fifty per cent. of alcohol by volume. To flavor this we import from Germany, where rye whiskey is one of the cheapest form, the oil of rye, which is there a waste product in the rectification of rye whiskey. When this is diluted to a proper strength. it can be used as a flavoring material.

Brandy is made in nearly the same way. The flavoring material is obtained by distilling the refuse of the grapes, from which the wine is made, with sulphuric acid. There is only one pound of this obtained from a ton of the so-called mark. When this is properly reduced, it may be used as a flavoring ingredient. These are not the only ingredients used in flavoring, but they are all harmless in the small proportions used. Another of these flavors is acetic ether. This is also present in the natural products. The peculiar bouquet of high-priced wines is probably due to the presence of acetates, and to the products of oxidation of fusel oil, producing valerianic acid and subsequently valerianates of ethyl and amyl. These are present in an infinitely small proportion. Artificial rye whiskey contains only one part of amylic alcohol in ten thousand parts. Brandy only one in fifty thousand. In addition to acetic ether, there is formic ether in brandy, and also butyric ether. All these things are used by confectioners in flavoring candies, and, as far as I know, no one has suffered from their use, although they are used in larger quantities. There is another point, namely, that liquor dealers insist upon having a wholesome article, while confectioners are not so particular.

The cordials which have been shown are made from the rectified spirit with the additions of aromatics and syrups.

The curacoa is almost an exact representative of the simple elixir of the pharmacopœia. This is a very useful manner of administering a mild form of alcoholic beverage, and is to be preferred on account of having the sanction of the pharmacopœia, and on account of having a definite strength. This is another point in favor of the use of artificial liquors. The rectified spirit always contains fifty per cent. of alcohol. The natural liquors vary greatly, sometimes falling to forty per cent., and sometimes, as in rum, reaching seventy-five or eighty per cent.

I might say here that the unpleasant taste of ordinary diluted alcohol is probably due to the amylic alcohol, which is more soluble in strong than in dilute alcohol. Not being thoroughly combined, it causes a disagreeable taste and odor.

The economical value of these substitutes has been referred to. The rectified spirit can be bought for $1.26 per gallon, and its therapeutic value is equal to that of brandy at $10 per gallon.

I have proposed the name *spiritus maydis rectificatus*, because it designates the particular kind of grain from which this alcohol is derived, and prevents it from being confounded with the spiritus frumenti, which is now officinal.

Dr. John Graham: At the Franklin Reformatory Home, some three hundred cases of alcoholism are treated annually. For the last two years none of the ordinary alcoholic drinks have been used, but we have employed rectified spirits variously medicated. In the mild cases, alcohol is not used, but in severe cases it is. The results have been equally as good as when the ordinary liquors have been used. In devising these substitutes for ordinary liquors, we must be careful that we do not injure instead of aid the temperance cause by the introduction of new drinks. In regard to dose, we consider one teaspoonful of rectified spirits to equal two teaspoonsful of brandy.

Dr. Ludlow: I would like to ask to what the term of oil of cognac is applied? Also whether Dr. Miller has noticed any difference between the so-called California brandy and so-called French brandy? I have tried the California brandy and it struck me as though red pepper had been added to it.

Dr. Miller: There are different varieties of oil of cognac. The best is that

which is obtained by acting with sulphuric acid on the residue of the grapes after pressing out the juice. As I have said, there is only about one pound obtained from a ton of residue. It is a complicated compound of the higher ethers. Some artificial oils of cognac are made by the action of nitric acid on oil of rue, others by the saponification of castor oil or cocoanut oil and the subsequent decomposition of the soap thus formed by sulphuric acid.

As far as my experience goes, California wines and brandies are perfectly pure. Their low price offers no incentive to adulteration. It is well-known that brandies from different localities have flavors. The California brandy also probably never reaches the age of the French brandy.

Dr. William Hunt: I have frequently made the observation that in low forms of disease where alcohol is called for, the odor cannot be detected in the breath as long as the patient is not getting too much.

CASES OF POISONING BY CARBONIC OXIDE DUE TO A DEFECTIVE FURNACE PIPE.*

BY JOHN GRAHAM, M. D., OF PHILA.

[Communicated by J. M. DaCosta, M. D., June 3, 1885.]

On March 9th I was called to see the following cases of poisoning from the inhalation of carbonic oxide, the poisonous gas being conveyed by the hot-air flue from one of our ordinary cellar heaters to the sleeping apartments of the patients. Their history will show how necessary it is to overhaul our heating apparatus, from chimney top to ash pit.

The heater was situated in the middle of a large cellar; had been in use for a number of years, and each autumn had undergone some repairs. It consisted of the ordinary iron heater, enclosed by brick, forming a hot-chamber. Inside the air chamber was a terra-cotta pipe, running from the heater, and penetrating the wall of the chamber, thence to the chimney, to carry off the products of combustion. This pipe was cracked for eighteen inches of its length, the crack being open half an inch; and, unfortunately, the crack was in the air chamber.

This break is now known to have existed for several years; but up to the time of which I write had apparently produced no worse effects than annoying the family with a smell from the heater. Something more was needed to change the chronic poisoning into acute. The chimney furnished the addition needed. Like too many of its kind, it had several angles, when it might just as easily have been perpendicular, from cellar to roof. It formed part of an outside wall, and the frost had loosened some of the bricks near the top, which, falling down and lodging at one of the bends, partially obstructed it. Complaints came from servants that the heater drew badly, but the cause was never carefully sought for.

Steadily the disintegrating effects of frost and air on brick and mortar continued, until at the time of the accident the chimney was completely blocked. Of course, it is highly probable that on the day in question a more than ordinary quantity had fallen, blocking it suddenly, else we would have had our patients complaining of sickness as well as smells, which they did not.

The patients, Mr. R., aged 78 years, Mrs. R., aged 74, went to bed on the evening of March 9, about 10 o'clock. Both were in good health and spirits, and the only thing Mrs. R. remembers noticing was that the smell from the heater was a little stronger than usual. Fourteen hours after, the servant, alarmed at their not appearing to her calls, broke in the door and found them unconscious.

When coal is burned with a free supply of air, which, of course, necessitates and unobstructed chimney, the chief product is carbon dioxide. When burned with a deficient supply of air, as when the outlet is obstructed, the product is carbonic oxide. The first is poisonous when inhaled in sufficient quantity;

*Read before the College of Physicians, Philadelphia, Stated Meeting held June 3, 1885.

three per cent. of the latter has been shown to produce death in animals in thirty-seven minutes. Carbonic oxide is a little lighter than air, and when heated ascends rapidly.

In the case of my patients, the obstructed chimney diminished the supply of air to the fire, and the resulting product was carbonic oxide. Its tendency was to ascend. The chimney allowed no exit, so the crack in the terra-cotta pipe gave out the deadly product, and it ascended by the convenient hot-air flue to the open register in the bedroom, which, with closed windows, contained its unsuspecting victims.

Carbonic oxide is tasteless and odorless. We cannot recognize it by any of the special senses. The products of ammonia, sulphur, tar, are what make up the odors from burning coal.

When found, Mr. R. was breathing rapidly with loud bronchial râles, and his skin was dark and congested. Both had vomited sometime during the night, and their mouths were covered with frothy mucus. Their extremities were cold; pupils dilated, and insensible to light.

Patients were allowed plenty of fresh air. Whisky was given by the rectum, also hypodermically. Ammonia was given by the mouth whenever they were able to swallow, and warm applications were made to their bodies.

In the case of Mr. R., the labored breathing increased, the blood became more and more carbonized, and he died thirty-six hours after the discovery of the accident, without regaining consciousness. There was no failure in his heart, the pulse being full, but increased in frequency. He evidently died from pulmonary œdema. His chest was dull on percussion, the lungs filled with fine râles. For a few hours before death, his temperature rose rapidly, and reached as high as 106°. He had no paralysis.

Mrs. R., when found, was pale and breathing almost imperceptibly. The same means were used in her case to produce reaction, and slowly and gradually the heart's action increased; by degrees the intellectual faculties were aroused, and the patient with much effort was able to inform us that from the time of going to bed until the return of consciousness all was a blank. She had suffered no pain; remembered nothing. Her pulse at this time was 60, small and compressible. Respirations, 14; temperature below normal.

She was kept in the horizontal position. Liquid nourishment was given, with small doses of whiskey, and Basham's mixture ℥ ss four times daily. The brain worked slowly, and she spoke only when roused up, and then dropped back into semi-consciousness. The tongue was coated, and had a slight tendency to dryness; bowels costive; appetite poor.

Her improvement progressed slowly, but at the end of seven days she was able to sit on a chair by the side of the bed. The pulse increased somewhat in volume, but the patient remained drowsy, falling into the same dull condition, unless when roused by noise, of which she complained greatly, saying it hurt her head. She also complained of intense pain in her back, running down the legs. At no time in the progress of the case did her urine contain either albumen, sugar, or tube-casts. Her blood was not examined.

Patient continued in about the same condition for three weeks following the accident. The Basham's mixture having been succeeded by pills of carbonate of iron, and the whiskey omitted. Pulse 60 to 70; temperature varying greatly from slight causes, from 98° to 103.5°, but mostly normal; anæmia very marked.

On the morning of the twenty-first day following the accident, the patient, while sitting on a chair, was taken very ill. A deadly pallor overspread her countenance, the jaw dropped, the limbs relaxed, and she became unconscious, convulsive twitchings passing through her body. We quickly placed her in the recumbent posture, and, after a hypodermic of whiskey, she slowly opened her eyes and asked, in an excited tone, "What is the matter?"

The supposed cause for the sudden change, was that our patient's digestion since commencing the iron had been gradually growing worse, the tongue

drier and more coated; the appetite poorer.

I had realized that this digestive trouble was from the iron, but continued it up to this time on account of her profound anæmia. I now reluctantly stopped it, and put her on dilute muriatic acid, ten drops every three hours, with pepsin after food, and enjoined absolute rest in the recumbent posture. The temperature on reaction reached 102°; pulse 120. The pupils were still further dilated; the reasoning power was all gone; answered questions with difficulty, and in monosyllables. The tongue became very dry, and it was almost impossible for her to protrude it. Stools were watery, frequent, and involuntary.

At this time the patient was seen by Dr. J. M. DaCosta, who advised the continuation of the acid, careful nourishment, and keeping the bowels open.

The treatment resulted favorably. In forty-eight hours the tongue regained its moisture, the appetite improved, and the dulness of the mind diminished, though the patient still continued to have delusions and hallucinations, and the memory of certain words, and familiar words, was poor.

On Dr. DaCosta's second visit, on the twenty-sixth day of her illness (April 3), the acid alone having been continued in the meantime, our patient was much better, tongue moist and clean, bowels natural, and, excepting the anæmic appearance and mental dulness, she was doing well.

We then put our patient on the same diet, milk, beef-tea, mutton broth, etc., without solids, and stopping the muriatic acid, gave tinct. ferri chlor. 10 drops, liq. potass. arsenitis 5 drops, four times daily.

This treatment was continued off and on until April 19th, the forty-second day of her sickness, when it was finally abandoned. Its use for a few days was invariably followed by dry tongue, loose bowels, and increased mental disturbance. This was also the case when we tried the arsenic without the iron. On resuming the muriatic acid, the tongue would regain its moisture, the bowels became regular, and the mind somewhat improved, but the anæmia, as shown by feeble pulse, pale skin, bloodless conjunctiva, continued.

On April 19th I noticed twitching in her left forearm, which was firmly flexed on the arm, and the hand on the forearm; the mouth was slightly drawn towards the left side. I then stopped the iron and arsenic and returned to the muriatic acid treatment.

The rigidity of the arm was followed by partial loss of power in the same, the patient raising it with difficulty, and not being able to grasp with it as firmly as with the right. Her mouth became drawn still further towards the left; it was, therefore, a case of alternate paralysis. She swallowed with increasing difficulty, and had involuntary movements of urine and feces. Sensation in the fingers remained good.

Patient remained about the same, except that the bowel movements decreased in number, and the tongue regained its moisture, after again substituting muriatic acid for iron and arsenic, until Dr. DaCosta's third visit, on April 26th, the forty-ninth day of her illness.

He advised the continuation of the muriatic acid. She also had an application of dry cups to the back of her neck.

The paralysis, which we concluded was probably caused by an effusion near the base of the brain, slowly passed away, but the anæmia was almost as marked as ever.

On May 5th we began the use of ferri phos. cum ammon. cit. grs. ii. dissolved in 10 m. of distilled water, hypodermically, daily, but as it was followed by some hardening of the cellular tissues, and produced disturbance of pulse and temperature, we abandoned the use of the iron hypodermically, and gave it by the mouth in two grain doses, morning and evening, also continuing the muriatic acid.

From this time the improvement was progressive. The appetite increased, bowels became regular, the left hand and arm continued to regain their power, the deviation of the mouth to the left steadily diminished, and the patient became interested in her surroundings, and

asked and answered questions with increasing intelligence. The pupils gradually diminished in size, and on May 20th, seventy-three days after the accident, was sitting up, and four days after was able to walk into an adjoining room.

[After the reading of the preceding paper:—]

Dr. J. M. DaCosta said: In regard to this case, which has been so thoroughly worked out by Dr. Graham, there are several points which strikes me as being of special interest.

In the first place, the serious parts of the case came on late. For a time the patient was apparently doing well, and then, in the midst of the affection she is paralyzed with a comparatively rare form of palsy, with paralysis of one side of the face and of the other side of the body. This was preceded by muscular twitchings; the case seemed to be hopeless; but she got over the palsy in ten or twelve days.

Another point was the persistence of anæmia, with all that that implies, including anæmia of the brain. The aphasia, also, was very marked. This was all the more striking, because she was a woman of decided mental force and culture and ready expression. The extreme aphasia which was present for a time was probably due to low nutrition of a portion of the brain from anæmia.

Another point, and one which has been well brought out by Dr. Graham, is in reference to the therapeutics. Until quite late in the case the symptoms were aggravated rather than improved by the use of iron. Improvements always followed the use of muriatic acid, and it is to this and the steady nutrition that her recovery is to be attributed. Late in the case, a form of iron which I have found to be well borne, the phosphate of iron with citrate of ammonia, was well tolerated and well digested; but this may have been due to the fact that the patient had so far convalesced that she could digest iron, whereas previously she could not do so.

Dr. Henry Leffmann: Poisoning from carbonic oxide is essentially different from that by most other gases in the fact that a compound is formed by the carbonic oxide and the hæmoglobin which is very difficult to break up. The compound formed by carbonic acid and hæmoglobin can be easily broken up by increasing the tension of the oxygen present in the blood, but the carbonic oxide compound cannot be. The anæmia was due to the modified condition of the hæmoglobin, and not to the absence of iron, and, therefore, did not yield to the ordinary remedies. An examination of the blood by the microspectroscope and a counting of the blood-cells would doubtless have yielded important results.

Dr. J. L. Ludlow: It may be of interest to mention the cases of two students of the University, who came near being suffocated by coal-gas some years ago. They were attended by Dr. Jackson, who sent to Dr. Hare's laboratory and procured a bag of oxygen. The lives of both were saved.

Dr. Frank Woodbury: I would regard both of the cases reported as mixed asphyxia with only partial carbon monoxide poisoning. A case of pure carbon monoxide poisoning is one of sudden death, thus differing materially from carbon dioxide. A cubic inch of carbon oxide is said to sufficient to destroy life in an adult human being. These cases are interesting from the manner in which they occurred. Cases of acute coal-gas (*i. e.*, gases resulting from the more or less perfect combustion of coal) poisoning are not very rare. Not long ago, I saw a family of five who were nearly asphyxiated by sleeping in a room with the windows closed and a range burning in an adjoining room, the cover of which had accidently been left off. All of these cases readily recovered under the use of diffusible stimulants and oxygen. I could could cite other cases, if needed.

Cases of chronic coal-gas poisoning are more frequent than is commonly supposed.* A prominent physician of London—Sir Andrew Clark, I think—said in a lecture, some years ago, that half of his patients got sick and got

*Article upon "The Dangers of Coal-gas in Our Houses," by W. Thornton Parker, M. D., in Philadelphia *Medical Times*, March 21, 1885, page 450.

well again without his knowing what was the matter—meaning, I suppose, to illustrate the truth of the fact that there are many minor ailments to which no distinctive title can be given. I think it possible that a large number of these slight disturbances of health are due to coal-gas poisoning. They may be transitory, or extend over a considerable length of time. A gentleman, largely engaged in his office, complained of frequent headaches, drowsiness, and a tendency to fall asleep when reading, mental sluggishness, depression of spirits, and of loss of appetite. This continued for some time, and it was feared that there was some grave disorder of the brain; but the special senses were unimpaired, the muscular reactions were good, the dynamometer revealed no loss of power, and the patient when away from his office for a few days enjoyed excellent health, although never robust. It was subsequently discovered that there was an obstruction in the flue of the range in the room below. Owing to the obstruction, the gas penetrated the bricks into the heater which supplied the office and sleeping rooms, in the manner described by the lecturer of the evening. The only thing which saved the gentleman from more serious consequences was a hobby for ventilation and the habit which he had of sleeping with open windows. After the obstruction was removed, the gentleman soon recovered his usual health.

We have heard a great deal of late about sewer-gas, and the danger of stationary washstands in sleeping-rooms, and drains in the cellars. Would it not be well to pay a little more attention to the dangers of coal-gas in our houses, and inquire into the state of the flues from ranges and heaters as possible sources of some of the minor ailments from which we suffer?

Lotion for Syphilitic Spots.—Mauriac (*Union Med.*) recommends the following:

R.	Bichloride of mercury,	3 grains.
	Chloride of ammonium,	10 "
	Cologne water,	10 drachms.
	Distilled water	3 ounces.

—*N. Y. Med. Journ.*, March 14th.

Clinical Notes.

DOUBLE UTERUS.

Dr. Wm. P. Chunn, of this city, sends the following report:

Although the different forms of bifid uteri are not so very rare, it is seldom that a complete double organ comes under observation. I am inclined to think, however, that this freak of nature is more common than one would suppose. Some weeks ago a patient called for advice, and presented the following history. She was the mother of twelve children, the youngest of which was six years. She complained of leucorrhœa and pain in back and side. Courses were regular and lasted five days. General health good. The dorsal position being assumed, bimanual examination was practiced, two fingers of the left hand being in the vagina with the right pressing upon the hypogastrium. The uterus was discovered to be inclined to the left side and about normal in size. A mass, similar in size and consistency, was also found pointing to the right side of the woman, and being insensitive to pressure, and seeming to be intimately connected with the uterus, a fibroid was diagnosticated. By vaginal touch the cervix presented an enlarged surface from time side to side, and was irregular in outline. By inspection the vulva was relaxed and a mass protruded from the part; the vaginal wall, which at first sight, was taken for a cystocele. This could be pulled out to the extent of some four inches, and was of a flattened appearance from side to side. The finger then was introduced into the rectum in order to substantiate the diagnosis of rectocele, but it was found that there was absolutely no bulging forward of the anterior rectal wall. Upon examination by speculum the diagnosis was made clear. The cornuæ of two distinct uteri immediately came into view, joined after the manner of the muzzle of a double barrell shot-gun. Each cervix was distinctly formed with a characteristic os in the center of each. The sound was introduced first in the left uterus, and it passed upward and to the left 2½ inches. It was then withdrawn and

passed into the right cervix and entering the uterus on that side passed upward and to the right 2½ inches. It was now seen that what was thought at first to be a fibroid was the body of the right uterus. The septum-like mass of tissue projecting from the vulva, which was diagnosticated as a rectocele, was now discovered to be an incomplete septum, which had at one time divided the vaginæ into two separate passages, but had been torn from the upper attachment by her first labor, as could be seen by the cicatricial line running along the anterior wall of the vagina.

She was unaware that she was possessed of an extra uterus, and was much surprised at the intelligence. Her labors were an ordinary period apart, and she never had had twins. She also said that she never menstruated from one uterus while pregnant in the other. Obliquity of either uterus was not noticed during pregnancy. This patient was afterward examined by others, and the above mentioned facts verified.

Society Reports

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, THURSDAY, MAY 28, 1885

The Vice-President, Dr. F. P. Henry, in the Chair.

Dr. G. E. de Schweinitz exhibited a specimen of

CYSTO-SARCOMA OF BREAST.

Dr. Agnew, who removed this specimen, permits its exhibition. The patient, a single woman, aged 45, eighteen years ago first noted a painless induration in her breast. The medical man, whom she then consulted, advised against any operative interference. The progress of the growth for many years was practically stationary. From time to time the patient consulted surgeons in regard to the advisability of its removal, but invariably received discouraging replies. Two years ago the tumor became more active and a marked increase in its size was noted, and within the last four months this increase in bulk was rapid and attended with dragging and shooting pains. There was some cachexia, but no glandular involvement. On May 19 Dr. Agnew removed the breast and sent it to me for microscopical examination. The tumor is situated somewhat below but rather to the outer side of the nipple line, is a lobulated mass, about the size of two closed fists, surrounded by a distinct capsule. The growth is apparently composed of two parts, the outer one separated from the inner by the sulcus caused by a constriction in the capsule. The outer mass on section shows a slightly lobulated exterior and the surface of the section is smooth, semi-translucent and resisting. The inner mass is markedly lobulated and on section exhibits numerous cystic cavities, most of which are occupied by collections of papillary excrescences. Further there are now and then small sac-like cavities filled with a translucent gelatinous-like substance, which is a myomatous change of the tissue. Similar spots of degeneration exist throughout the tumor mass. Microscopical examinations of this tumor in various parts show practically the same structure: Sarcoma tissue, the cells of a mixed character, the spindle-shape predominating; smaller and larger cystic cavities, lined with columnar epithelium, these cavities being sometimes round, sometimes oval, more often branched clefts extending hither and thither; finally areas of mucus degeneration. The diagnosis is then clearly a *cystic mixed-celled sarcoma*, undergoing myomatous changes.

DISCUSSION.

Dr. Simes said that the variety of cystic sarcomata, in which the contents of the cysts consisted of a sanguineous fluid, were excessively malignant; in this respect they compared clinically with the sarcomata, but sarcomata which had undergone a myomatous change, he thought, were of a less malignant type. As to sarcomata of the testis they could not be compared with the same variety ot growths occurring in the mammæ, since it was a well-known clinical fact

that they seldom became generalized, and if removed early did not return even locally.

Dr. Schweinitz thought Dr. Simes' suggestion the correct one, as the history had been one of simple mammary induration. He would like to be clear in his own mind as to the prognosis in these cases, *i. e.*, cystic sarcomata of the head and testes of such long duration. It was his impression that this rendered the prognosis more favorable.

Dr. Nancrede presented

TWO SPECIMENS OF THE RECURRENT "FIBROID TUMOR OF PAGET."

These two specimens had been removed from the same patient at the interval of about four years. They presented no points of interest beyond the fact that they were typical examples of small spindle-celled sarcoma commonly known to us as "recurrent fibroid." Possibly an explanation of the non-malignancy of such growths might be the more perfect organization of their vessel walls which Dr. Nancrede thought careful microscopic examination would reveal, in contradistinction to the vascular channels which the vessels of sarcomata practically were.

Dr. C. B. Nancrede presented

CHRONIC OSTEO-MYELITIS OF THE HUMERUS, THE RESULT OF COMPOUND LUXATION WITH FRACTURE.

J., æt. 30 years, a man, three months before examination had his arm caught by the belting and drawn over a large drum in a position of extreme abduction and probably of extension. The head of the bone was luxated, the greater tuberosty torn off, and the caput humeri thrust through the integument near the anterior axillary fold. When I first saw him at the Episcopal Hospital three months after the accident he was very pale; there was a constant discharge of pus from an opening at the site of the old wound; *i. e.*, near the anterior axillary fold, while the orifice of another deep-seated sinus was seen over the middle of the triceps or the outer side of the arm. A probe introduced into the upper sinus readily touched the denuded, carious head of the humerus. I attempted to excise the head of the bone, but when prepared to saw it after its protrusion through the wound, I found such evidentes of osteo-myelitis as to render amputation at the shoulder-joint necessary. He did well and recovered, but even months later a sinus existed, doubtless the result of necrosis of some periosteal bone produced by that irritated structure. Had the head of the bone been excised when the man was first injured a useful arm would have probably resulted.

Dr. F. P. Henry presented

A SPECIMEN OF MULTIPLE HEMORRHAGE OF THE KIDNEY,

and read the following notes of the case furnished by one of the resident physicians at the Episcopal Hospital, Dr. Cheston: Annie, J., æt. 59, a Dane, was admitted April 27, 1885. She had been ill for ten days. Her right lung was consolidated from base to apex. There was a soft, systolic, aortic murmur. Temperature 104°, respiration 32, pulse 140. The urine was scanty, bloody and contained granular and bloody tube casts. The symptoms improved decidedly under treatment, but the patient remained in a condition of stupor, from which she could be readily roused until the 29th, when she died with marked symptoms of uræmia.

Autopsy.—Right lung consolidated, with a cavity the size of a walnut at the apex, and breaking down of the middle lobe. Left lung congested but otherwise normal. The heart was of normal size with a slight stenosis of the aortic orifice but without vegetation or ulceration of any of the valves. The kidneys weighed respectively six and three-fourths and five and three-fourths ounces. The capsules were adherent in spots. The cortical substances of both organs is the seat of a great number of round hemorrhagic spots varying in size from a hemp seed to a large pea. They are not infarctions but extravasations, as is evidenced positively by their shape and negatively by the absence of vegetations on the cardiac

valves or embolism in the renal vessels, for which careful search was made. The tumors are confined to the cortical substance and many of them occupy the extreme periphery, and involve the capsule. Under the microscope, the tumors were found to be made up of extravasated blood discs and engorged capillaries. The kidney was also seen to be the seat of slight interstitial inflammation.

Dr. Henry also presented specimens of extremely contracted kidneys from a male æt. 60, who was admittted to hospital with great weakness, nausea, vomiting, dizziness and occasional attacks of dyspnœa. There was slight œdema of feet and marked arcus senilis. Urine very pale, sp. gr. 1010; contains small amount of albumen and a few granular casts. Died about two weeks after admission in uræmic coma, which was preceded by slight convulsions. The kidneys weigh respectively 3¾ and 3¼ ounces. They presented all the characteristic features of interstitial nephritis, the granulations being particularly prominent. From the surface of one of the kidneys projects a tumor which, until it was laid open, was taken for a cyst, but it is seen to be solid and to be composed of blood; it is as large as a walnut and of circular outline. It appears to be a cyst in which hemorrhage has occurred. The heart was the seat of very considerable hypertrophy and weighed one pound eleven and one-half ounces. Notes of the case were taken by Dr. Hopkinson, one of the resident physicians.

DISCUSSION.

Dr. Schweinitz asked if the microscope showed what was the cause of the peculiar shape of the infarcts.

Dr. Hughes said he would like to ask what was the condition of the lining membrane of the heart, as from the condition of the lungs and kidney the case looks like one of malignant endocarditis.

Dr. Henry replied there were neither ulcerations nor vegetations of the cardiac valves which, taken together with the circular shape of the hematomata lead him to conclude that the hemorrhages were due to rupture of capillaries. This view was sustained by the microscopic examination. No occlusion of the arterioles was found. The hemorrhages or rather the hæmatomata were composed of extravasated blood corpuscles and engorged capillaries, the later causing a wide separation of the convoluted tubes and a compression of their lumina. Dr. Henry suggested there might have been purpuric ailment in the case.

Dr. Schweinitz said that the same explanation of the case being one of multiple hemorrhage of the kidney.

Cocaine as an Antidote for Morphia.—The *Wien Med. Blatter* reports on cocaine as an antidote for morphia, especially in cases of habitual use of the drug. The injection of one-seventh of a grain to a grain and a half of cocaine induces a condition very similar to that caused by a sudden stoppage of the morphia, but there is besides a peculiar sensation, as if the cocaine were seeking out the morphia in the body, and eliminating it by degrees. Griping then follows, as if from a drastic purgative, and copious thin stools ensue. The face becomes yellow, as in the abstinence cure, this passing off gradually as the cocaine gets the better of morphia in the organism. Cocaine may be used as a measure for the amount of morphia which is present in the body of the patient, as the symptoms become more intense, the more cocaine is given, until the morphia is entirely eliminated. It is suggested that a more pleasant mode of administration would be to give the two drugs together, and gradually to increase the cocaine while diminishing the morphia, in order to avoid the unpleasant symptoms of morphia hunger.—*London Med. Record*, March.

Pills for Uterine Hemorrhage.—Gallard, according to the *Journ. de Med. et de Chir. Prat.*, uses pills made as follows:

℞. Ergotin,
Subcarbonate of iron, each 180 grs.
Sulphate of quinine, 36 "
Powdered digitalis, 18 "

Divide into one hundred pills. Four to be taken daily.—*N. Y. Med. Journ.*

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BALTIMORE, JUNE 27, 1885.

Editorial.

MEDICAL AND SURGICAL HAND WASHING.—The *Medical Record* of June 6th calls attention to the experiments of Dr. Wassing, as published in the *Archiv. für Hygiene*, and of Prof. Forster in the *Centralblatt für Klinische Medicin.* These experiments show conclusively that the ordinary methods of cleansing the hands with soap and water are not efficacious in rendering those members aseptic. Solutions of various strengths, of carbolic acid, boracic acid, zinc and iron chlorides produce no better effect. The tip of the finger dipped in sterilized culture fluids, after this treatment, invariably caused the development of bacteria in from twenty-four to sixty hours. Immersions in sublimate solutions of 1 to 1000 or 2000 after washing with soap and water were found, however, to leave the hands "*fairly free*" and safe. These experiments should have the widest possible circulation among the laborers in the medical and surgical field, and the lessons they teach, taken very seriously to heart. They show that we are in constant danger of carrying death in our hands instead of healing, and that by the exercise of a very simple precaution we may avoid the danger. The late Professor Meigs, in his controversy with Professor Holmes upon the contagiousness of puerperal fever, said: "The physician should be a gentleman, and *gentlemen* should have clean hands." But there is a broad line to be drawn between cleanliness as seen from the "gentleman's" point of view and that at which the medical man should aim. It is true that most of the varieties of bacteria which we are shown to carry around under our finger nails are, probably, harmless, but the knowledge that we may with equal facility convey those which produce puerperal fever, erysipelas, and other septic conditions, should make us appreciate our responsibilities and keep us keenly alive to the preventive means thrown in our way. If we know anything about germs and the means of destroying them, we know that a solution of corrosive sublimate 1 to 1000 or 1 to 2000 is a germicide of the most reliable character, and what could be simpler than washing the hands in such a solution after participating in a post-mortem examination or handling anything suspicious? The slowness with which the sublimate dissolves and the consequent delay, may be avoided by using the antiseptic tablets suggested by Dr. Chas. Meigs Wilson in a letter to the Philadelphia *Medical News* of Dec. 20, 1884, and practically prepared by Messrs. John Wyeth & Bro. These tablets contain each 7.3 grs. of sublimate and 7.7 grs. ammonium chloride—the latter being used to increase the solubility of the former. One in a pint of water makes a solution of 1 to 1000, and if water is used it dissolves in a very few moments. They are dispensed by Messrs. Andrews & Thompson of this city. We recommend this subject especially to those members of the profession who are engaged in extensive obstetric practice. Puerperal fever is a septic condition. and rigid antiseptic precautions do much in preventing its occurrence. We do not advocate the extreme views expressed by Dr. Thomas, in his memorable paper read before the New York Academy of Medicine in December, 1883, but we do think at least a thorough disinfection of the hands before undertaking a case of obstetrics is a *sine qua non*. We cannot refrain from quoting a passage from Professor Holmes in this connection. Speaking of the possibility of the physician bringing the contagion to the child-bearing woman, he says: "The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to

plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly or selfishly."

The Bromide of Ethyl as an Anæsthetic in Labor.—For several years past the bromide of ethyl has been growing gradually in favor as an anæsthetic in obstetrical practice. A number of facts have been offered by trustworthy observers to show that the ethyl is better borne than chloroform; that it is more rapid in its action and is more speedily eliminated through the lungs. It has the advantage of removing sensation when inhaled without destroying intelligence. It is not unpleasant to smell, and it appears to answer many of the requirements called forth by the intermittent pains of labor.

In a paper recently published (*Amer. Journ. of Obstetrics*, etc., June, 1885) Dr. E. E. Montgomery, of Philadelphia, relates his experience with ethyl in twenty-nine cases of labor; of these cases eight were primiparæ and twenty-one multiparæ; in the former delivery was completed five times with forceps, in the latter eleven times. "The ethyl was administered with the advent of each pain by holding over the face of the patient a napkin on which a few drops had been poured. This was removed as the pain subsided. There was no choking or suffocation, as in chloroform, and entire absence of the stage of excitement. After one inhalation the patient invariably begged for it with the advent of each recurring pain. With small quantities the sensation of pain was blunted, while intelligence was uninterrupted; the patient was perfectly subject to control and ready to render or withhold voluntary efforts as desired. Under such treatment the expulsive efforts resembled those made to evacuate obstinately constipated bowels and were not attended with more pain. In multiparæ the usual expression was that they had never known such relief."

Dr. Montgomery did not observe any diminished power in the uterine contractions subsequent to its use, but, in fact, observed in many of the cases where before the contractions had been ineffective and irregular, they became regular and strong.

Including his own cases, Dr. Montgomery has enumerated one hundred and twelve cases in which this anæsthetic was administered without any fatality to mothers and with but three deaths in children, none of which could be attributed to its action.

Whilst it may not be altogether well to generalize from an experience as limited as that here related, it is proper to extend these observations by careful experiment. Should the facts presented be confirmed by the larger experience of the profession it is quite apparent that the ethyl will take the place of all other anæsthetics in obstetric practice. With many obstetricians chloroform has been the ideal anæsthetic in labor. Its employment has given almost universal satisfaction, still there are a number of theoretical and practical reasons why the profession should distrust this agent in obstetric work. The number of deaths from chloroform used during labor is largely on the increase, and it is beginning to be evident that its popularity at the accouchement bed will share the fate of its popularity in general surgical work at no far distant day. In obstetric practice ether is not a valuable substitute for its rival chloroform. It presents such defects as an anæsthetic in labor cases that its employment is contraindicated. Nitrous oxide has been advocated with much warmth, but the difficulty of obtaining it when desired removes it from general use in private practice. At the present time the obstetrician may choose between chloroform and the bromide of ethyl with some slight degree of hope that the latter agent promises to remove some of the disadvantages and objections which have always been urged against the administration of anæsthetics during child-birth.

The Nitrite of Amyl an Eliminator of Uric Acid; Its Employment in the Treatment of Gout.—Under this title Dr. A. B. MacDonald, of Liverpool, writes in the *British Medical Journal* of May 23: He found that the nitrite of amyl used in a case of puerperal

aclampsia caused the elimination of uric acid in a considerable quantity. Afterwards he experimented on a healthy adult, with the result of increasing the deposit of uric acid from the urine over the amount deposited previous to the administration of the amyl. In both of these cases nitro-glycerine was used with the nitrite of amyl, and the author hopes soon to give the result of his investigation regarding nitro-glycerine *per se*. Dr. Mac Donald, in obtaining this result with the nitrite of amyl, confirms the experiments of the Italian observers, Signori Guiseppe and Sansoni, of Turin, in reference to this point, and the balance of fact against theory compels him to believe that the excretions of uric acid in the case of eclampsia was at all events largely due to the drug employed and not wholly to the disease, as heretofore held, and that no deduction could be drawn from the premises as to any connection between the gouty diathesis and puerperal eclampsia or the subsequent colchicum treatment of that affection. Dr. M., furthermore, demonstrates practically this property of the nitrite of amyl as an eliminator of the gout-poison, by its administration to a patient suffering with an attack of gout. The urine was tested for uric acid before the amyl was given; and, having stood forty-eight hours after having been acidulated with hydrochloric acid, there were very few crystals of uric acid discovered in the deposit. Inhalations of four minims of the amyl were given at four, six, eight and ten o'clock. The next morning at nine the patient was much better, and his urine, passed at that hour, showed a very acid reaction, and upon being treated with hydrochloric acid and allowed to stand, gave a very considerable deposit of uric acid. The patient continued rapidly to improve under the treatment.

The investigator concludes by saying that although further research is manifestly required, yet it seems evident that we can by this means procure a more than normal elimination of uric acid; this being the fact, when an attack of gout threatens we may find the nitrite of amyl a good prophylactic as well as curative agent.

Reviews, Books and Pamphlets.

A Practical Treatise on Urinary and Renal Diseases, Including Urinary Deposits, etc. By William Roberts, M. D., etc. Fourth Edition. Philadelphia: Lea Brothers & Co. 1885. 8vo. Pp. 628.

There is probably no book on urinary and renal pathology that so fully meets the requirements of the physician as this. In the preparation of the fourth edition Prof. Roberts has had the valuable assistance of Dr. Robert Maguire. But little was needed to bring this last edition fully abreast with the times. His articles on albuminuria and on micro-organisms in the urine have been almost entirely re-written. It is encouraging to learn from Prof. Roberts that the almost universally employed heat and nitric acid tests for albumen are after all the best. All the other recently introduced tests, "without exception, give a reaction with something that is not serum-albumen, and are therefore untrustworthy, and apt to lead to serious misapprehension." Nitric acid applied by the contact method is stated to be the simplest and least troublesome means of detecting albuminuria, and boiling with proper acidulation of the urine, to be superior in sensitiveness to any of the new tests.

The article on micro-organisms in the urine has been entirely remodeled in order to make it conform to the recent discoveries in mycology. The pathogenetic influence of *filaria sanguinis hominis* in chyluria, as discovered by Lewis, is duly set forth in this edition. Apparently no pains have been spared to embody in the book all recent work and experience of true value. It can assuredly be recommended as a safe guide to the practitioner and one that it is difficult to understand how he can do without. A decided merit is, that while many things that are new and valuable are added in this edition, the volume of the work is not materially increased.

The subjects are treated with brevity and entirely without the verbiage that often impairs the value of many otherwise good books. It has thus become

possible to cover a very wide and varied field in the 628 pages.

BOOKS AND PAMPHLETS RECEIVED.

A Treatise on Practical Chemistry and Qualitative Inorganic Analysis, Adapted for Use in the Laboratories of Colleges and Schools. By FRANK CLOWES, D. S. C., London, Fellow of the Chemical Societies of London and Berlin, etc. With Illustrations. From the Fourth English Edition. Philadelphia: Lea Brothers & Co. 1885. Pp. 365. For sale by Cushings & Bailey, Baltimore.

The Ten Laws of Health; or, How Diseases are Produced and Prevented; and Family Guide to Protection Against Epidemic Diseases and Other Dangerous Infections. By J. R. BLACK, M. D. Philadelphia: J. B. Lippincott Company. 1885. Pp. 413. Price $2.00. For sale by Cushings & Bailey, Baltimore.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M. D., F. R. C. P., Physician-Accoucheur to H. I. and R. H., the Duchess of Edinburgh, etc. Fourth American from the Fifth English Edition. With Notes and Additions by Robert P. Harris, M. D. Philadelphia: Lea Brothers & Co. 1885. Pp. 651. For sale by Cushings & Bailey, Baltimore.

A Text-Book of Medical Physics. For Students and Practitioners of Medicine. By JOHN C. DRAPER, M. D., LL.D., Professor of Chemistry and Physics in the Medical Department of the University of New York, etc. With Three Hundred and Seventy-seven Illustrations. Philadelphia: Lea Brothers & Co. 1885. Pp. 715. For sale by Cushings & Bailey, Baltimore.

Miscellany.

DANGEROUS HEMORRHAGE FROM RUPTURE OF THE VAGINA DURING FIRST COITUS.—Dr. Paul Mundé, of New York, (*Boston Medical and Surgical Journal*) reports two cases of this kind which have come under his observation. In the first case the rent was intra-vaginal, extending inward from the nick in the hymen to the left of and parallel with the urethra. The patient was in collapse, with occasional momentary loss of consciousness. The hemorrhage was controlled by tightly tamponing with disks of alum cotton carried down to the very vulva.

The second case was a patient twenty-two years of age, who was feeble and weary-looking from the loss of blood. After the bleeding had been discovered, two physicians had attended, one giving ergot and the other ordering the application of ice to the abdomen, without making an examination. The hemorrhage continuing, Dr. M. was sent for, and upon examination found no bleeding spot in the hymen, but the vagina was full of coagula. This being removed a deep fissure, two-and-a-half inches in length and one-half an inch in depth, was discovered in the left vaginal wall, extending from about an inch above the hymen nearly to the cul-de-sac. The edges were ragged and bruised. A similar tampon to that used in the first case effectually controlled the hemorrhage.

In neither of these cases was there apparently any disproportion of the generative organs, nor had unusual violence been used. The vaginæ were perfectly healthly in appearance, and both patients were young and of good condition.

Dr. Mundé refers to a case cited recently by Dr. Chadwick, in which senile atrophy of the vagina was apparently the predisposing cause, and also to a case of Zeiss where the recent confinement of the woman, and the adhesion of the cervix to the lacerated side of the vagina, sufficiently explained the accident. There was reported a few years ago in a Canadian Journal, a case where a sailor just returned from a nine years' cruise, on having coition with his wife, ruptured the vaginal vault to such an extent that she came near dying.

Dr. M.'s cases are interesting as showing that this distressing accident may occur without undue violence or any apparent cause, and they also teach us the importance of making an examination in all such cases before attempting treatment, which must consist of the tight tampon, repeated as long as danger of recurrence of hemorrhage exists, or if the rent is external, where a vaginal tampon cannot well controll the hemorrhage, suture should be used.

THE BIRTH-RATE IN FRANCE.—The decline and fall of the Roman Empire is one of the few colossal changes in long past history with which the world has had a fair chance of becoming duly impressed, thanks in part to the genius of Gibbon. But it is since the days of Gibbon that any deep or accurate analysis of the causes at work has been entered

into. One result of the attempts at such an analysis has been the growing conviction that the decline in the Roman Empire was due, in part, to the declining birth-rate of the Romans; the Roman power dwindled with their dwindling numbers. The facts have been put nowhere more strikingly than by Professor Seeley, in England, but their lesson and warning is felt most keenly in France. The French increase in numbers, it is true, but more slowly than any other European people. During the present century the population of England has been increasing at a rate such as to double itself in 53 years, but it would require 160 years to bring about such a result in France at the present rate of progress; and if the French emigrated at the rate that the English do, the population of France would not increase at all. Such facts call forth, every now and then, such eloquent and earnest remonstrances as M. Gueneau de Mussy has just published in his pamphlet, *Sur la Diminution de la Natalité en France.* He points to the Jews as showing, on Mr. Ernest Hart's demonstration, the close connection of early marriages, and a high code of matrimonial morality, with a prosperous and long-lived race. The average length of Jewish life, both in England and in France, he put at 49 years, of both English and French at about 37, with a slight advantage in favor of England. But what is more important is, that the French have not only a smaller proportion of married couples than their neighbors, but also a very much smaller average number of children to their marriages—about one child *per annum*, if we recollect the last census rightly, to twenty married people. That he traces, in part to sterility and in part to deliberate purpose. The distaste for physical exercise in the boy, the reckless habits of many of the young men, the common lateness of the marriage, he brings under severe reproof. As helping to form, or to maintain the deliberate purpose, he condemns the laws of inheritance, which break up the father's property into equal parts for all his children. But, underlying all, he admits a want of vitality, energy, and moral soundness, which forms a matter for very serious consideration, coming as it does from the pen of so true a friend of his country, who is neither visionary nor a Puritan. —*Brit. Med. Jour.*, May 16.

Treatment of Pneumonia, with Especial Reference to Venesection.—Dr. Benham writes that he feels sure a great many lives might be saved, when attacked badly by pneumonia between the ages of eighteen and thirty years, if they were treated by lowering remedies alone. The plan of treatment recommended is to withdraw ten or twelve ounces of blood from the arm, and if the effect be good, but not sufficient, to repeat the operation in twelve or twenty-four hours. At the same time drugs must not be neglected, and foremost amongst them stands antimony, in doses of twenty to thirty minims of the wine, joined with diaphoretics, at first every hour, and less frequently afterwards as the fever abates. The time to bleed is when the fever is fully developed, but the old rule holds good that "it is never too late to bleed in acute pneumonia." The author then goes on to discuss how far these principles hold good or acquire modification in complicated cases, and shows how in most cases, where the fever is sthenic and severe, great advantage results from cautious depletion.—*London Med. Record*, March.

Laxative and Diuretic Powder.—The following formula is given by Peter (*Union Med.*):

℞. Powdered squill, Powdered digitalis, Calomel, } each 1 grain.

Divide into three powders, of which one is to be given every hour in cases of dropsy, whether of cardiac, renal or hepatic origin. The three powders may be repeated after two or three days.—*N. Y. Med. Journ.* March 14th.

The Internal Administration of Salt in Uterine Hæmorrhage.—Betz (*Centralblatt fur Gynekologie*) commends this remedy in emergencies in which tranfusion is impracticable for any reason. He dissolves five grammes of

salt in half a litre of hot water, and gives three tablespoonfuls of the solution at intervals of five minutes. He cites a case in which this simple remedy proved efficacious, and states its use is not accompanied by nausea.

The British Pharmacopœia.—The new and revised edition of the British Pharmacopœia will very shortly be issued. This new edition will contain about a hundred pages more than its predecessor, and over a hundred new remedies and preparations have been added, while only about a score have been omitted.

Irritable Bladder.—For an irritable condition of the neck of the bladder, causing frequent micturition, a favorite as well as efficacious prescription is the following of Prof. Pancoast:

℞. Lupulinæ, ʒi.
Tinct. opii. camph., fʒj
Infus. buchu, fʒiij.
Syr. d. orgeat, fʒij. M.
Ft. mist.

Sig. A teaspoonful to dessertspoonful, in water, four times a day.

To render the above still more useful, an opium suppository, gr. ss., may be ploced in the rectum morning and evening.—*Col. and Clin. Record*, March.

Syphilitic Ulceration of Tongue and Mouth.—In syphilitic ulceration of the neighboring parts of the mouth, the following wash may be used two or three times a day with excellent effect:

℞. Hydrargyri perchloridi, gr. ii.
Acid. nit. dil., ♏. xx.
Spir. rec., ʒjss.
Aquæ, Oj.

—*Medical World.*

Creasote a Solvent of Quinine.—Dr. E. G. Wake says in *Brit. Med. Jl.*, May 9th: "It is not generally known what an excellent solvent of quinine we have in creasote. For many years I have had quinine pills made up with this menstrum where it was not contraindicated; and believing my plan to be original, I wish to recommend its adoption."

As a Useful Prescription in Common Colds, Professor Bartholow offers the following:

℞. Codeiæ, gr. j.
Syrup. scillæ comp.,
Syrup. tolu, āā fʒss.
M. Sig.—A teaspoonful pro re natâ.

—*Col. and Clin. Record.*

Saline Cathartics.—The conclusions arrived at by Professor Matthew Hay, as the result of an experimental investigation of the physiological action of certain saline cathartics, are of much interest, and are deserving of careful study and consideration. His experiments were made chiefly with sulphate of soda, sulphate of magnesia being used only occasionally; but these salts are sufficiently typical of the whole group to justify the belief that had other members been chosen, similar results would have been obtained. In the first place, it was found that a saline purgative always excites more or less secretion from the alimentary canal, depending on the amount of salt and the strength of the solution employed. This excito-secretory action is probably due to the bitterness as well as to the irritant and specific properties of the salt, and is not simply the result of osmosis. The low diffusibility of the salt impedes the absortion of the secreted fluid, so that, as a result of the stimulation on the one hand, and the impeded absorption on the other, there is an accumulation of fluid in the alimentary canal. This fluid, partly from ordinary dynamical laws, partly, perhaps, from a gentle stimulation of the peristalic movements excited by distension, reaches the rectum, and so gives rise to purgation.

It is found that purgation will not take place if water be withheld from the diet for one or two days previously to the administration of the salt in a concentrated form. This is due not to the absence of water in the alimentary canal, but to its deficiency in the blood. Under ordinary conditions, with an unrestricted supply of water, the maximal amount of fluid accumulated within the canal corresponds very nearly to the quantity of water required to form a

five or six per cent. solution of the amount of salt administered. Consequently, if a solution of this strength be given, it does not increase the bulk. If a solution of greater strength be administered, it rapidly increases in volume until the maximum is attained. After the maximum has been reached, the fluid begins gradually and slowly to diminish in quantity. The more voluminous the solution of the salt administered, the more quickly is the maximum within the canal reached, and the more quickly will purgation follow; a point of considerable importance. The secretion excited by saline cathartics is a true *succus entericus*, the fluid being poured out from the intestines, and the bile and pancreatic juice participating to only a very slight extent.

Saline cathartics do not purge when injected into the blood, nor do they purge when injected subcutaneously. Sulphate of soda exhibits no poisonous action when injected into the circulation, but sulphate of magnesia, when so injected, acts as a powerful toxic agent, paralysing first the respiration, and afterwards the heart. Either salt, when administered in the usual way, produces a gradual but well marked increase in the tension of the pulse. As the intestinal secretion excited by these salts contains a very small proportion of organic, as compared with inorganic matter, the purgative removes more of the latter than the former from the blood. In some cases even a large proportion of the salts of the blood may be evacuated in this way. It appears that the amount of the normal constituents of the urine is not affected by the salt. After the administration of sulphate of magnesia, more of the acid than of the base is excreted in the urine. The salts have no specific action in lowering the internal temperature of the body, although they may reduce the absolute amount of heat.—*Brit. Med. Jour.. June* 6, 1885.

General Tuberculosis as a Result of Surgical Operations.—Professor Verneuil, in a clinical lecture delivered at La Pitié (*Gazette des Hospitaux*, January 3), observed that the conditions under which the membranes of the brain become involved in tubercolusis after operation in certain subjects are only imperfectly known. It is ordinary enough to witness this condition in children's hospitals in subjects in the last stage of cachexia, when tubercular centres are found throughout the organism. But what is curious is the great frequency of meningeal tubercular manifestations in individuals presenting all the appearance of tolerably good general health, and exhibiting only tuberculosis localized in some portion of a limb, the various viscera maintaining an integrity well nigh perfect. Thus, you may have a small cold abscess on one of the limbs, with the lungs exhibiting all the signs of health, and a week after an operation has been performed on the limb, the child is seized with tubercular meningitis terminating in a rapid death. A young lad suffered for months from suppurating hip-disease, but the medical means employed produced a most decided amelioration, so that his general health became excellent. The abscess, however, required opening, and the interior of its sac was scraped; but a week had hardly elapsed before cerebral symptoms set in, and three days later he died with all the symptoms of tubercular meningitis. At the autopsy, the lungs were found quite healthy, his death having been solely caused in these few days by tubercular meningitis. When Professor Verneuil brought these facts before his colleagues some time since, declaring them to be of far more frequent occurrence than is generally suspected, he was accused of pessimism in regard to tubercular disease of bone; but similar cases have too often occurred in his practice to allow of their being regarded as mere coincidences. So also, after what may be called "partial operations," as scraping an osseous tubecular cavity, miliary tubercles may be developed in the lungs and prove rapidly fatal. At the autopsies, a more or less considerable quantity of recent tubercle is found, and if, by chance, a cavity also exists it is quite small and compatible with the individual living for a more or less considerable time. Professor Ver-

neuil is acquainted with a surgeon who has met with sixteen analogous cases, so that operating in affections in bone of a tubercular nature is a very perilous proceeding. "We may say that while patients whose blood or tissues are invaded by tuberculosis, are, as is generally known, so little liable to septicæmia, and bear so well the surgical operations they are submitted to, they are just those who are liable to die suddenly, a few days after this intervention, from acute tuberculosis. Why these accidents supervene with such especial frequency when osseous tuberculosis is the primary disease I am entirely ignorant."—*Lond. Med. Times.*

Nerve-Stretching.—Professor Heydenreich, of Nancy, in a paper published in the *Semaine Médicale*, No. 8, after reviewing the clinical results hitherto obtained by this procedure, gives the following estimate of its applicability:—"First, two facts are observable. Stretching is not absolutely an innocuous procedure, and the inconsistent results obtained are generally incomplete or temporary. We should not, therefore, have recourse to it until having employed without benefit medical means of treatment, unless, indeed, the gravity of the affection, conjoined with the slight efficacy attendant upon medical treatment, compels immediate intervention—as in tetanus; Second, for the treatment of neuralgia it is a question whether stretching should be preferred to section or excision of the nerves. With respect to a mixed nerve, as in most of the neuralgias of the limbs, there can be no doubt of stretching having the advantage of preserving well-nigh intact the motor function of the nerve, which after neurotomy or neurectomy is often definitely lost. Third, but when the neuralgia affects a purely sensitive nerve, as the trifacial, it is difficult to pronounce on the respective value of these operations. Neither of them guarantees success, nor secures against relapse. But as stretching the nerves of the face is not exempt from danger, section, and especially excision, would seem to be preferable. Fourth, in local or general spasmodic affections, stretching regains all the advantages, the operation being applicable to motor and mixed nerves. We should have recourse to it especially in reflex epilepsy, and in traumatic tetanus, when a peripheric point of departure can be recognized in these neuroses. Fifth, stretching will be of service sometimes in peripheric paralyses, especially when these are traumatic. Sixth, I would not venture to advise this operation for glaucoma, in which iridectomy is the heroic remedy. Seven, as regards affections of the central nervous system, and especially locomotor ataxy, the influence of stretching seems to be so variable, and sometimes so mischievous, that it will be more prudent, unless new facts throw more light on the question, to abstain from this mode of surgical intervention."—*London Med. Times.*

Treatment of Corns.—This may consist in soaking the foot in hot water or poulticing the corn for three or four nights until the epidermis can be easily scraped away with the curette. Then, one drop of a solution of caustic potash, 20 to 40 grains to the ounce, is to be cautiously applied and the corn is destroyed. Salicylic acid, 1 scruple to 2 drams of alcoholic or water, is also a valuable application, which forms the basis of many corn cures.—*Dr. During, Philadelphia Med. News.*

The Ownership of a Physician's Prescription.—The Supreme Courts of New York and Massachusetts have settled the matter as to who owns a medical prescription. The substance of the decisions is, that the physician, in prescribing, gives the patient a written order for drugs, and their delivery terminates the operation. The druggist may, on his own responsibility, renew the drugs, for he is a merchant, and has a right to sell drugs in any shape. He is not bound to give a copy of the prescription, nor even to keep it, though he usually retains it as a protection in case of error on the part of doctors or patients.—*Ther. Gazette.*

Medical Items.

It is stated by the newspapers that General Grant's four physicians, viz., Drs. Barker, Shrady, Sands and Douglass, will receive ten thousand dollars each for professional services rendered during his illness, and that the payment will be made by Mr. Geo. W. Childs, of Philadelphia.

At the last meeting of the British Gynecological Society a committee was appointed to collect evidence and to report on within a year, the subject of menstruation in its physiological and pathological relations. A grant of £50 was voted towards the furtherance of this object.

On the 16th of May the statue of Bouillaud, member and president of the Academy of Medicine, professor and dean of the Faculty of Paris, and member of the Institute, was unveiled at his native place, Angouleme, in France. Prof. Bouillaud was one of the most distinguished of the French physicians of this century, and his contributions to the science of medicine have been of the most valuable character. It was his researches on the affections of the heart and on articular rheumatism which led him to discover the law of coincidence of inflammation of the heart with rheumatism. He also discovered the influence of lesions of the anterior lobes of the brain on the function of language, and was thus the first to make a step towards the establishment of the doctrine of cerebral localization.

Dr. Noel Gueneau de Mussy, a distinguished French physician, but widely known as a laborious and conscientious medical worker, died recently.

The death of Dr. John Thorburn, Professor of Obstetric Medicine at the Owens College and Victoria University, Manchester, has been announced. He was one of the founders of the British Gynecological Society.

The Virginia State Board of Medical Examiners has issued a license to twenty-six physicians since it was organized.

The *Lancet* says Sir Henry Thompson recently removed from a man aged sixty-two, by the high operation, a calculus of pure uric acid with the following weight and measurements: It weighs 14 ounces avoirdupois, and measures 4½ inches long, 3¼ inches wide and 2⅛ inches thick. The operation was performed without difficulty, and the patient's condition was good at the time the report was made.

Governor Hill, of New York, has vetoed the bill appropriating $15,000 for the use of the State Board of Health and has sadly crippled the work of the Board.

Mr. J. Knowsley Thornton has just performed eighteen hysterectomies, with two deaths, and says that Listerism with the spray is a great safeguard in hysterectomy.—*Med. Record.*

Dr. W. F. Morgan, of Leavenworth, Kansas, reports in *The Record* the following case; A mullatto woman, about sixty years of age, was in the habit of putting her grandchild to her breast to quiet it at night, and in a few days was astonished to find that the baby had very substantial reasons for seeming satisfied with this plan, as it had excited a free flow of milk to breasts that had been dry for fifteen years.

The cholera, which has been raging in the southern provinces of Spain during the winter, has broken out in other sections and is making rapid march over larger areas of territory.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department U. S. Navy, during the week ending June 20, 1885,

Arthur, George, Passed Assistant Surgeon. Granted leave of absence for one year, with permission to leave the United States.

Deane, C. W., Passed Assistant Surgeon. Granted leave of absence for three months.

Cleborne, C. J., Medical Inspector. As Member of Medical and Naval Examining Board, Philadelphia, Pa., June 22, 1885.

Lippincott, George C., Passed Assistant Surgeon. Detached from temporory duty, Naval Academy, and waiting orders.

Mackie, Benjamin S., Surgeon. As member of Medical and Naval Examining Boards, Philadelphia, Pa., June 22, 1885.

Shafer, Joseph, Commissioned an Assistant Surgeon, Active List, June 12, 1885.

Clinical Lecture.

ABSTRACT FROM A CLINICAL LECTURE ON FIVE CASES OF LAPAROTOMY FOR INTESTINAL OBSTRUCTION THE MODE OF OPERATING.*

BY J. GREIG SMITH, M. A., F.R.S.E.,

Surgeon to the Bristol Royal Infirmary.

An abdominal section for obstruction of the bowels is usually a very different proceeding from one for removal of a tumor. In the former case, the abdominal walls will be hard, tense, and unyielding, and the intestines will be full of fluid and gas under considerable pressure. When the abdomen is opened, and pressure is partly removed, the gas expands, dilating the bowels, and forcing them through the wound. In ordinary cases of laparotomy, where the gut is flaccid and empty, it is easy enough to isolate and run our fingers along it for a considerable distance; in cases of obstruction, this is a matter of great difficulty. The gut, when distended, is too large to be easily grasped between the fingers; its walls are too thin and impalpable to be isolated by mere touch; and, if any degree of peritonitis be present, it will inconveniently stick to the fingers. The exploring hand at every step is caught in the loops of distended bowel, which wind about in most confusing manner inside the abdominal cavity. In fact, it is just when the physical conditions are most strongly against us, that we have to look for the cause of an intestinal obstruction inside the abdomen.

A course of procedure has been laid down for our guidance in such cases, and it will be well for you always to follow this course. Though I have not yet derived any help from it, it is not unlikely to be of good service in leading us to the seat of obstruction. The plan is as follows: First carry the hand to the cæcum; if it be found distended, the obstructing cause will probably be somewhere in the large bowel below this, and the hand is carried up the ascending colon, across the transverse colon, and down the descending colon as far as the sigmoid flexure, seeking for the stricture all the way. If the cause be not here, we are then told to carry the hand from left to right under the distended coils, seek for collapsed bowel, and follow it up till we meet with distension, when we shall probably find the cause. Now, it is much easier to lay down these directions than to put them into practice. If the small intestine be much distended with gas, we may have the transverse colon pushed up under the ribs: and to reach it there over coils of dilated gut, under hard brawny abdominal walls, and, more than this, to isolate it and diagnose its condition, is an undertaking, to say the least of it, of very considerable difficulty. If we can find undilated bowel, we may follow it up readily enough; but how often do we expect to find empty bowel in these cases? I have not yet met with it. We must be prepared to find the bowel dilated everywhere, at some parts more than others, but nowhere collapsed; and we must be prepared to look for the obstruction amid the endless contortions of these soft, sticky and dilated coils.

As I have said, I have always observed these directions, but only to find the observance so much valuable time wasted. To proceed to examine, inch by inch, the whole length of bowel, will undoubtedly be successful as far as the discovery of the site of obstruction is concerned; but not probably so as regards saving the life of the patient. In such a procedure the amount of rough handling, and the length of time spent over it, must tell seriously against the chances of recovery.

The plan I would recommend to you is this: The most distended portions of bowel are usually nearest to the surface; move these about gently, and fix upon any part that appears to be more congested than another. Follow this part in the direction of increasing congestion down into the cavity, wherever it may lead. If now the cause be discovered, it may be at once treated. If not, I would then recommend a plan which has been almost universally condemned; that is, to permit the bowels to extrude. The wound is covered with some layers of

*From *The British Med. Journ.*, June 13, 1885.

fine cloth, or better still, by a large flat sponge wrung out of warm carbolic or boracic lotion, and covered with gutta-percha tissue to prevent evaporation and cooling; and the most distended coils are coaxed out under this covering. Carefully watch the gut as it comes out. One end of the coil will be more distended than the other, and will come out less readily, and this end will probably be more injected. As they continue to extrude, these differences will be more marked, and we will be able satisfactorily to decide that one end of the coil is nearest the cause of the obstruction. We follow this end wherever it leads; it will certainly lead us to our goal. I have three times followed this course,and have been charmed with its simplicity and efficiency.

Turning to the extruded coils of bowel, the bulk that they assume may look somewhat alarming. If the distention be not very great, you may try to return them. Spread the hands over the warm antiseptic covering, gather the bowels together, and, by steady, gentle equable pressure, send their contents into the bowels that lie inside the abdomen. When they are nearly emptied, and occupy about one fourth of their previous bulk, they may be slipped through the wound, while an assistant, with finger hooked in at each extremity, pulls the opening forwards. The abdominal wall is, so to speak, pulled up over the bowels. A flat sponge is now laid over them to protect them and keep them in position while the wound is stitched up.

But it is by no means certain that we are always right in thus closing up an abdominal wound over distended bowels. In fact, I believe that, in doing so, we are nearly always wrong. I believe that this distention with fluid and gas is in itself a serious factor in the malady. It certainly acts as an obstruction. I place before you these coils of intestine, with the mesentery attached, just removed from a dead body. They are filled to distention with fluid, and confined within the walls of this dish. You notice that the gut forms acute flexures, and that, at each of these, the mesenteric side of the bowel is pushed in, and acts as a sort of valve, blocking the calibre of the gut. As with any other tube, if you bend the bowel acutely enough, you will block its passage. Inside the abdominal cavity, where the confinement is greater, the flexures are more numerous and more acute than those on the table, and you may easily satisfy yourself by experiment that the passage of its contents is even more difficult. Practically, this fact explains why we are so often disappointed with the effect of tapping the bowel to permit the escape of gas or fluid. We empty it down to the first or second flexure, and no further.

Such distention also has an injurious effect on the bowels themselves. An intestine that has been overdilated for hours or perhaps days, and that is probably partly paralysed by opium, we should expect to contract on its contents no more than a dilated bladder under the same circumstances. If it cannot pass its contents along, the obstruction is to all intents and purposes unrelieved. We know that such increase of pressure inside the abdomen is, partly from its physical effects on the diaphragm, and partly, no doubt, through injury to the sympathetic ganglia, a cause of serious illness. When added to the effects of intestinal obstruction, its gravity is increased tenfold.

Now it is a matter of constant experience that free vomiting greatly relieves the patient. I am one of those who do not lighly regard the experiences of our forefathers; and I cannot believe that the very general esteem in which, from the days of Hippocrates and Praxagoras, they held the use of emetics in obstruction was utterly misplaced. And quite recently we have had recommended strongly by Kussmaul, the removal of intestinal gases and fluids in these cases by the use of the stomach-pump. Relief is always claimed for this procedure; and, in not a few cases, positive cure.

I certainly consider the removal of this fluid and gas from the bowels, after relief of the constriction, as the most important detail in treatment. If it is to be done it must be done rapidly, for no time must be wasted in these operations. Tapping will not do, for the flow through

such a trocar as we should dare to push through the intestinal wall, would be far too slow. We must incise the bowel. The blade of any ordinary scalpel, making a wound about one-third of an inch in length, is pushed through the bowel transversely, at the point furthest removed from the mesentery; and, while you hold the opening, removed as far as possible from the wound, over a receiver, an assistant presses the sides of the abdomen, and squeezes out the intestinal contents. At first, probably, there will be a rush of gas, and then fluid will follow, watery or fæcal, as the case may be. When the abdominal walls are flaccid and the intestines are nearly emptied, we may stitch up the wound in the bowel, return it, and close the abdomen.

You have just seen this proceeding carried out in one case. The patient was in about as bad a condition as one ever sees upon an operating table. His pulse could scarcely be felt, and certainly could not be counted. His intestines were everywhere of a bright rosy red, covered in many places with patches of yellow lymph, and everywhere fully distended. Semi-purulent fluid flowed from the abdomen when the incision was made, and a good deal more was mopped out. The constriction, a mesenteric band, was discovered in the way described, and easily divided. The bowel was incised, and through the opening, while the abdomen was being kneaded, large quantities of gas and fluid escaped. A continuous suture of fine catgut accurately closed this opening; the bowel was easily returned; the abdominal cavity was mopped out, and the wound sutured in flaccid abdominal walls. You have seen the case recover with no more trouble than any other abdominal section; with less trouble certainly than most cases of herniotomy. One example may be more impressive than much advice. I am sure you will not soon forget the lessons which this case has taught us.

In conclusion, I venture to submit to you these rules, for your guidance, in opening the abdomen for the relief of acute intestinal obstruction.

1. Make the incision in the middle line below the umbilicus.

2. Fix upon the most dilated or the most congested part of the bowel that lies near the surface, and follow it with the fingers, as a guide to the seat of obstruction.

3. If this fail, insert the hand, and carry it successively to the cæcum, the umbilicus, and the promontory of the sacrum.

4. If this again fail, draw the intestine out of the wound, carefully cover it, until increase of distention or congestion, or both, in one of the coils, gives an indication that the stricture lies near.

5. If there be considerable distention of the intestines, evacuate their contents by incision, and suture the wound. Never consider an operation for intestinal obstruction inside the abdomen finished, until the bowels are relievied from overdistention.

6. Be expeditious, for such cases suffer seriously from shock. The whole operation ought to be concluded in half an hour.

The Intravenous Injection of Milk. —In an article on this subject by Charles E. Jennings, F.R.C.S., Eng. (*Brit. Med. Journ.*, June 6th, 1885) the author relates his experience with milk injected into the veins as a therapeutic measure, which he considers one of great value as a substitute for the transfusion of blood. After a study of the literature of the subject, and from physiological, experimental and clinical evidence combined he draws the following conclusions:

1. The intravenous injection of a small quantity of newly drawn milk is harmless.

2. Large injections of milk are fatal, with polyuria as the chief symptom.

3. The employment of impure, or stale milk is most dangerous, on the probability that septicæmia will follow the operation.

4. The operation is to be recommended in the later stages of cholera, enteric fever, phthisis and pernicious anæmia as a substitute for the transfusion of blood; and, in short, in all cases where transfusion of blood is indicated on nutritive grounds, but where a blood donor cannot be procured or where this operation is, for other reasons, impracticable.

Society Reports

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JUNE 5, 1885.

(*Specially Reported for the Maryland Medical Journal*)

The Society was called to order at 8.40 P. M. by the President, Dr. B. B. Browne; Dr. Jos. T. Smith, Secretary.

Dr. W. H. Noble reported a case of

TAIT'S OPERATION,

which he had performed with satisfactory results, the patient doing well and menstruating to a slight extent soon afterwards.

A CASE OF TUBERCULOSIS; A CASE OF BRONCHITIS AND PNEUMONIA OF BOTH LUNGS.

Dr. C. W. Mitchell reported the following cases: The first was that of a colored man whom, when first seen, presented all the signs of renal dropsy, a careful examination showed his skin to be pasty with marked anasarca and ascites. He had a temperature of 103° and a pulse of 120. No chest symptoms except those due to a double hydrothorax; dulness was found at apex of right lung to a slight extent, which suggested tuberculosis, but it was the only sign of such an affection. Heart sounds weak but normal. No increase of liver dulness. Urine contained no albumen. The patient was born in the West Indies, but had lived in Baltimore only for the past year. Five weeks before admission to hospital, he first noticed an abdominal swelling. He was examined in the hospital ward by Dr. Atkinson, who thought it a case of kidney trouble and was much surprised to find no albumen in the urine. The fluid accumulated very rapidly, and finally breathing became very rapid; cyanosis was observed, and the patient died after a slight convulsion. Post-mortem after twenty-four hours showed the heart in good condition. The pleuræ showed no indications of phthisis. Upon cutting into the right lung a hard mass was found at the apex, and others extended at intervals to the base of the lung. The peritoneum was studded over with nodular masses, not cheesy, and seemingly too large to be tubercular. Spleen enlarged, in which were found two small tumors. There were no other marked features in the case. The masses in the lung were thought to be sarcomatous, but upon careful examination Dr. Councilman pronounced them tubercular, making the case therefore one of tuberculosis. The masses presented none of those appearances one would be led to expect in tuberculosis. The second case was that of an Italian laborer on the B. & O. R. R. at Canton; he had had malaria. Came into the hospital May 26, having been sick seven days; he seemed to be suffering from impeded respiration. Physical examination showed increase of resonance and bulging of the chest-wall; moist rales were heard. A diagnosis of chronic bronchitis with emphysema was made on the left side with lobor pneumonia on the left. Heart sounds difficult to distinguish, except a systolic murmur. A large tumor was felt in the abdomen extending from the left side as far as the umbilicus, thought to be ague cake. He suffered from diarrhœa, and was also jaundiced. In a few days his troubles increased until he died. The post-mortem showed a double bronchitis with pneumonia. In the abdomen no marked change except an enlargement of the spleen, which weighed four pounds, ten ounces. In duodenum found much mucus and congestion. No albumen had been found in the urine, but marked kidney change, was noted of the contracted form, no doubt due to his malarial cachexy.

In reply to *Dr. Keirle*, Dr. Mitchell said the vermiform appendix in the first case was 9½ inches in length, but was proportionately slender.

A CASE OF ANEURISM (?); AN OBSCURE CASE OF URÆMIC COMA.

Dr. I. E. Atkinson related the following: A man 30 years of age, a fresco painter by trade, came under his care, who four years ago fell from a height upon a barrel filled with straw, breaking

several ribs. Eight months after he entered Bellevue Hospital, where he says he was told he had aortic aneurism. When seen by Dr. Atkinson he was a confirmed opium eater. Upon examination his heart was found enlarged over the precordial region; there was a bulging of the chest-wall; apex beat about an inch beyond the mammary line. Area of precordial dulness increased. Auscultation revealed a pronounced double heart murmur; a clear mitral sound could not be made out. At the wrist the water-hammer pulse was well-marked, the radial artery being forced up out of its bed. Great pulsation of the carotids. At the second intercostal space the hand felt a well-marked thrill, also a pulsation; the latter felt more or less over the whole chest due to cardiac enlargement. No tumor. Over the femoral the stethescope revealed a systolic murmur, but no double heart-beat is felt. No inequality of pupils. Complains of an intense boring pain and dysphagia; voice weak. Nothing satisfactory could be obtained from sphygmographic tracings. A laryngoscopic examination will be made tomorrow. Can this case be diagnosed as one of aneurism by the negative signs alone? The doctor also noted a second case; it was that of a man aged 35, who was found in a freight car in an unconscious condition and so brought to the hospital. When seen he had the appearance of a man who had been on a debauch; he could be roused, but would speedily sink into stupor again. Skin cool; some scratch marks but no eruption upon it. No heart or lung trouble could be found. No albumen in urine. Nothing about the patient indicated cerebro-spinal trouble unless possibly an expression of pain when the left leg was raised. His condition could not be accounted for otherwise than as uræmia. He had retention of urine, but the secretion was copious. A second examination revealed albumen in the urine; a diagnosis was then made of uræmic coma. The patient died, and the kidneys showed nothing abnormal save a slight granular condition. The membranes covering the brain and cord, however, were found inflamed with deposits of pus at points. The case, though not unknown, is rather rare; no symptom showed itself, which lead one to suspect the trouble to have been cerebro-spinal meningitis.

A CASE OF CHLOROFORM NARCOSIS; RECOVERY.

DISCUSSION ON CHLOROFORM.

Dr. J. E. Michael said he had lived in an atmosphere of chloroform, off and on, for twelve years and had concluded it be an exceedingly safe anæsthetic for children. A child of nine years had been sent to him for a plastic operation upon her hand; he gave the child chloroform in the usual way with a towel folded in the form of a cone with open top; it was given by a student whom he carefully watched. The anæsthetic was given very gradually at first, the towel being waved back and forth before her face, and its effect seemed good, until suddenly the pulse and respiration stopped; the child was at once suspended and artificial respiration kept up. The wound ceased to bleed; the eyes were partly open with a haze gradually extending over the cornea; the child was to all appearances dead; the finger was then introduced into the mouth, and epiglottis and upper part of larynx titillated; at first without effect; soon a drop of blood fell from the wound upon the floor; the child began to breathe, respiration was restored and operation completed without further mishap. The stoppage of the heart was not slow and gradual as he had seen, but sudden.

Dr. C. Johnston, Jr., said he saw a case somewhat similar in a child one year old, upon whom an operation for hair-lip was being done.

Dr. W. P. Chunn said: As I was the administrator of the chloroform in the case just reported by Dr. Chris. Johnston, a few remarks on the subject may not be out of place. I have had three cases similar to the one just spoken of, and I know now what I did not know then, that all three accidents were due to my own inexperience. I gave the pa- too much chloroform. It is too frequently the case that the youngest and most

inexperienced man in the room is the one selected to give the anæsthetic. As long as this custom prevails accidents will happen that could otherwise have been prevented. My friends tell me that they also in the beginning of their professional life have had the same accidents. I am aware that I now give chloroform in a very different manner from that which I first pursued. Many times I used to crowd it on too fast. The patient was nearly suffocated, and frequently a great degree of fright was produced, which seemed to me might have had a very depressing effect. I now let the patient have plenty of air, especially in the beginning. If the hand is used to pull away the inhaler, I regard it as a sign that I am giving the chloroform too fast. I watch the cornea carefully *as anæsthesia comes on* at intervals say of half a minute and do not feel satisfied unless I can feel expiration by the hand over the mouth. By so doing, although I give chloroform oftener than fomerly, I have had no accidents.

Dr. J. L. Ingle had had a case in his obstetrical practice in which, in a difficult labor, although the patient had been accustomed to take chloroform, and had done so in her previous labors, still after the anæsthetic had been discontinued the patient suddenly showed every symptom of chloroform narcosis. Only six drachms had been used.

Dr. P. C. Williams said he had given up the cone and now always uses a towel folded in the form of a cylinder.

In reply to *Dr. W. D. Booker*, who asked if the hypodermic administrations of stimulants were not preferable to suspension, *Dr. Michael* said he thought as stimulants must first get into the circulation, it would be a waste of time to administer them in case of sudden cessation before its re-establishment. He thought the quickest way to increase the flow of blood was by suspending the patient. He would resort to that first, although he set a high value upon stimulation. He did not know the exact method by which the elevation of the feet brought a good result, if it does so, but he did know that it was the best and speediest means of getting rid of all accumulations in the respiratory track and thus ensuring free access of air.

Dr. L. McL. Tiffany did not think it possible to use any anæsthetic now known without an occasional death. The question is not which is the anæsthetic which will not kill, but which will cause the fewest deaths. It is important that proper care should always be exercised; thus it is noteworthy that the greatest number of deaths ensue when the perineum or genitals are the seat of operation, possibly from the fact that the administrator of the chloroform being desirous of seeing what is going on suffers his attention to wander from the duty he has in hand; the fewest ensue from operations about the face, because any change is then instantly noted. He uses ether save in exceptional cases now and then and has done so for a number of years, but thought it should not be used where any tendency to bronchial disease exists; it should never be used, therefore, in tracheotomy for diphtheria. We must learn with anæsthetics, as with all other drugs, to use our judgment and discriminate between our cases, in that way only will we be likely to get the best results.

Dr. J. C. Hemmeter had seen collapse occur in the vivisection room under use of both chloroform and ether, and that during this occurrence in several cases the thorax of the animal experimented upon, was open. It is difficult to tell with our present limited knowledge of the physiological action of anæsthetics, what is the true cause of death under their administration. We do not know whether it is due to faulty methods of giving the drug or to idiosyncracies of the animal, or to peculiar conditions of his vital organs. It was generally held, and first held by Bernard, that in chloroform anæsthesia we had an anæmia of the brain, and that this organ, from mere want of blood-supply, from want of nutrition was unable to exert its influence over the heart, and that organ consequently ceased working. This theory, of an anæmia of the brain, a constriction of the cerebral and cerebellar blood-vessels, although very probable, stands in striking contrast with the well-established fact that under any anæsthetic the vessels in

the general body organs and in the periphery become dilated and engorged. Why shall they then be constricted in the brain?

We all know well that we can have a very deep and profound coma, or unconsciousness with a congestion, a hyperæmia of the brain. And again we know that in many cases where there was a certain congestion of the brain, antemortem, the pathologist shows us a pale, white, bloodless organ post-mortem.

It has been generally believed that the cessation of the heart's action was a direct result of the supposed anæmia of the brain, hence inversion of the collapsed patient is resorted with a view to allow the blood to rush to the anæmic vital centre and generally with good result if done in time. How, then, can any blood get to the brain if the heart by way of which it can only get there is not beating? All blood that gets to the brain can only do so by means and though the heart, but if the heart has ceased how does any blood get to the brain?

The fact seems probable that primarily no blood at all does go to the brain in inverting a collapsed patient, nor that the stoppage of the heart is a primary and direct result of the anæmia of the brain.

We know that a certain amount of blood is always necessary within the heart to keep it going. That is, there must always be a definite volume of blood within the heart to excite its contractions. Now we also know that in anæsthesia the vessels of the periphery become enormously dilated and congested. This dilatation of thedistal vessels of the general trunk may increase to such an extent as to withdraw from the heart that necessary amount of blood which excites its reflex beat, that amount of which we have just spoken. What happens now? The heart ceases to contract.

Suppose such a patient is inverted, does his heart begin to beat again because his supposed anæmic brain is supplied with more blood? Not very likely; his heart begins to beat again because by inverting him the heart itself is again filled with blood, which now easily fills the right auricle and ventricle, and again the necessary amount of blood for working is present in the heart. And if there is any anæmia of the brain this, then, is probably remedied secondarily after the heart beats, but before that it is very doubtful whether blood may reach the brain when the heart beat ceases. The supposition that stoppage of the heart is caused by above processes, *i. e.*, by a peripheral vascular dilatation, withdrawing from the heart the amount of blood necessary for its reflex contraction, and not by anæmia of the brain, is rendered more probable by the fact that chloroform collapse has never or rarely occurred in obstetric practice; because here the gravid uterus, pressing on the large vessels running to the lower extremities, confines more blood to the body itself, and besides this the pregnant uterus itself is a great vascular organ, so that here the heart rarely fails, because so much blood is constantly kept in the trunk that a failure for want of blood in the heart itself is impossible. The same explanation is applicable in cases when the limbs have been ligatured near the body under chloroform anæsthesia, in which cases collapse rarely, has been met with.

Dr. J. E. Michael agreed with Dr. Tiffany in regard to chloroform. In his case the cone was not applied at once but very gradually to the patient's face. The doctor said it had been told him by one who had seen Dr. Sayre give chloroform a number of times, that he (Dr. S.) crowded it on from the first with good results. Dr. Nussbaum had given the drug in 15,000 cases without a death. In the University Hospital chloroform has been used more frequently than ether.

Dr. N. G. Keirle said chloroform, if pushed, will diminish the pulse, but he had never seen any bad effect from the use of the drug and always uses chloroform.

Dr. Michael said, in reply to Dr. Keirle, that in his case corneal reflex was abolished, but where the lower portion of the body is the seat of operation that is not sufficient; for even when the corneal reflex is abolished a rectal reflex may still exist.

Dr. L. McL. Tiffany thought the deaths from chloroform in the dentist

chair were probably due to the upright or semi-recumbent position. To avoid the vomiting, struggling, etc., it is well to give morphine hypodermically one-half hour before the operation.

Dr. J. W. Chambers thought most persons died before the operation was commenced; children are as susceptible as adults.

Dr. E. Meierhof had seen ether given by an experienced operator in the semi-recumbent position from preference.

Dr. R. Winslow said in Billroth's clinic any position might be assumed.

Dr. W. P. Chunn related

THREE CASES OF OVARIOTOMY

and exhibited specimens. The first case he operated upon four weeks ago. The patient was 69 years old, the oldest operated upon in the city. She fully recovered without any bad symptom. She had had no children nor miscarriages. The second case, 22 years old, unmarried, was operated upon one week after the first. The ovarian cyst was multilocular. Abdominal walls thin. No pelvic adhesions. The only delay was caused by the number of small cysts. The third case, 52 years old, two children, no miscarriages, was operated upon by Prof. W. T. Howard; it was also an ovarian cyst. When the tumor was removed through the incision the intestines came with it. The cyst wall was attached to the intestines by a fibrous band, and connected the cyst wall with the intestines by a fan-shaped attachment, eight or ten inches in length, the separation of which was exceedingly difficult, giving rise to considerable hemorrhage; a pedicle was at last reached, tied and dropped back. Patient recovered almost without a bad symptom. The lower portion of the tumor seemed to have been clasped by the broad ligaments. In the first case round needles were used, and but little bleeding followed.

CALCAREOUS DEGENERATION OF THE AORTA; ŒDEMA OF GLOTTIS.

Dr. J. H. Branham exhibited specimens from a patient at Bayview. Heart enlarged with calcareous degeneration of aorta. Kidneys granular. There had been œdema of lower extremities. Upper portion of spleen shows a point of sloughing, caused possibly by a calcareous mass plugging up a branch of the splenic artery. Upon the left side there was a pleuritic effusion.

Dr. W. J. Jones spoke of a case from Bayview. The patient came into the institution but ten days ago without serious symptoms. Albumen found in urine. On yesterday, upon making his rounds at 10 A. M., found the patient suffering from sore throat and dyspnœa; he said he could not swallow; a simple gargle was ordered until he (the doctor) returned in the course of an hour; at 11 A. M. word was sent that the patient had expired. The post-mortem revealed great œdema about epiglottis, possibly from Bright's disease.

Hospital Report.

REPORT OF PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL FOR MAY, 1885.

BY HIRAM WOODS, M. D.,

The day-book of the Hospital shows for the month of May the large average daily attendance of 110. Among the patients who applied for treatment during the month were the two whose cases are reported below. Both were cases of pterygium.

CASE I.—A man, 53 years of age, applied on account of loss of sight in the right eye. Had noticed for some time a small growth on each eye, but had never thought it amounted to much. An examination showed the following condition: Right eye; a small pterygium sprang from the lower border of the *external* canthus, and extended over the outer and lower quadrant of the cornea to just below the outer and lower margin of the pupil. A large, very vascular, pterygium had its base at the *internal* canthus, and covered almost the entire inner quarter of the cornea, while its *apex reached completely across the pupillary area*, and came within a line of touching the apex of the other pterygium which grew from the external canthus. In the left eye there was a large pterygium growing from the internal canthus, its apex reaching the inner pupillary margin.

Case II.—Man, 45 years of age. The right eye showed a large pterygium with a broad base toward the internal canthus. The *apex* of the growth reached a point fully *two lines external to the outer pupillary margin.* In the left eye there was a pterygium growing from the internal canthus. Its apex had intruded upon the cornea, but had not reached the pupillary margin.

Under cocaine the five pterygia were removed by dissecting away the part covering the cornea, and sliding it back toward the outer and inner canthus. The upper and lower edges of the conjunctival wound were stitched together at the corneo-scleral junction.

The point of interest in each of these cases is the extension of the pterygium *all the way across the pupillary area of the cornea.*

In his "Ocular Therapeutics" De Werker speaks of "the apex" (of a pterygium) "resting on the edge of the cornea, *beyond the centre of which it never extends.*" Wells says it "seldom extends beyond the centre" of the cornea. Mittendorf ("Diseases of the Eye and Ear," p. 114) says "its apex may extend to the *centre* of the cornea." Carter (Diseases of the Eye, p. 257) says the apex may trespass "more or less upon the cornea," and may "obstruct vision." He considers iridectomy the best operation after the growth has reached the pupillary area. Schweigger ("Hand-book of Ophthalmology," p. 286) says "the point gradually grows from the margin of the cornea toward the *centre but without actually reaching it*, except in rare cases." Macnamara says it may "interfere with passage of light through the pupil," (p. 228.) Williams ("Diseases of the Eye," p. 56) says that after the growth may have remained stationary for a long time at the edge of the cornea, "it again begins a positive advance toward the centre of the cornea" * * * and "then more or less slowly or rapidly extends over the pupil."

This brief résumé of the opinions of some of the more important authors will suffice, I think, to show that the cases reported possess considerable interest.

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BALTIMORE, JULY 4, 1885.

Editorial.

The International Sanitary Conference.—The International Sanitary Conference, which has recently been in session in Rome, Italy, has devoted much attention to the discussion of quarantines, sanitary cordons and disinfectants, but it does not seem to have established any new facts which are likely to act as a safeguard against the invasion of cholera. The discussions which have taken place have helped to confirm the views already held in regard to many questions of sanitation without enlarging our knowledge of this important subject.

Chief among the conclusions arrived at is the fact that land quarantines and sea quarantines, as they have hitherto existed, must be abandoned as useless, and sanitary cordons must share the same fate. As a substitute for these old methods a system of inspection, isolation and disinfection is recommended. In short, the only safeguard against cholera is cleanliness. The substance of the principal resolutions passed by the conference may be summed up as follows:

(1) Land quarantine and sanitary cordons are useless. (2) One of the most important means of preventing the spread of cholera is the sanitary cleansing of harbors. (3) A standing record of the sanitary condition of harbor towns is recommended to be kept. (4) Steamers intended for the transport of passengers must have a surgeon on board, who shall be appointed by the Government to which the ship belongs. (5) Every ship intended to carry passengers and coming from a suspected port must possess proper

appliances and sufficient space to permit of the isolation of cases of cholera. (6) During the voyage the most scrupulous cleanliness must be observed and thorough ventilation kept up. (7) All ships coming from suspected districts shall be placed under the medical inspection of an officer to be appointed by an international committee. (8) When the medical officer certifies that the sanitary police regulations have been complied with at the port of departure and maintained during the voyage, and that neither fatal nor simple cases have occurred on board, and that no suspicious case is present on board now, the ship is at once to be granted "free pratique." (9) If the ship be infected, that is, if it have one or more cases of cholera, the passengers are to disembark and to be isolated in as small groups as possible. The ship, the clothing and the effects of passengers and the crew are to be disinfected. (10) The observation of the isolated persons is to continue for at least five days after the last case of cholera. (11) The sick are to be isolated, and to be placed under the care and control of the officially appointed and responsible medical officers.

The prevent the spread of cholera by land the following recommendations were made:

1. That local sanitation be everywhere attended to, and the first cases isolated and disinfected, the means for doing so being prepared beforehand by the sanitary authorities.

2. That immediate notification be made to the proper authorities of every case, or suspected case, of cholera, and the nature of the disease be confirmed by competent medical men, and in case of death, by necropsy.

3. That a regularly organised medical sanitary service be instituted in every country.

4. That the health officers of every country should have powers to communicate directly without intermediaries, so as to agree upon, and at once adopt, the measures they deem urgent.

5. Particular attention is always to be given to the great through routes by which cholera is imported.

6. International express trains must be changed in passing from an infected into a non infected country, and a surgeon must accompany every such train, to take the necessary steps in the event of anyone falling ill with the disease. Every larger station is required to have an isolated room for the reception of such cases.

7. Passenger boats on large rivers are to be rigorously inspected, overcrowding is to be prevented, and a medical inspection is to be made of those disembarking at the principal points of call, where isolated quarters are to be kept ready for the provisional reception of cases of illness.

The Sub-committee appointed by the Conference, to consider the best method of disinfection in cholera, recommended the following:

1. Steam at 100° C.; 2. carbolic acid and chloride of lime; 3. ventilation. Of the carbolic acid and chloride of lime, two solutions are to be used; *a*. the weak, containing 2 per cent. of carbolic acid and 1 per cent. of chloride of lime; *b*. the strong, containing 5 per cent. of carbolic acid and 4 per cent. of chloride of lime. They are to be applied as follows: 1. For personal disinfection, by washing and bathing, with the weak solutions; 2. For disinfection of linen, clothes, bedding, etc., if not destroyed—(*a*) by passing steam through them for an hour, (*b*) by boiling them for thirty minutes, (*c*) by immersion for twenty-four hours in one of the weak solutions, (*d*) by ventilation for three or four weeks, but only in cases in which none of the other methods are applicable. Leather articles—such as portmanteaux, hand-bags, etc.—if not destroyed, are to be washed several times with one of the weak solutions. 3. For vomited matters and fæcal evacuations, the strong solutions are to be used. Recently soiled articles of linen, clothing, and bedding, if not at once subjected to steam at 100° C., are to be immersed for four hours in one of the strong solutions. There must be no washing of corpses. Bodies are to be wrapped up in sheets saturated with one of the strong solutions, and at once put in coffins. 5. Disinfection of goods, letters, and postal packages is superfluous. 6. For the disinfection of ships during the passage; The deck and class where the case or suspected

case occurred, and the walls of the cabin or bunk, are to be washed, at least twice with one of the weak solutions, and then thoroughly ventilated: while the water-closets are to be washed, at least twice daily, with one of the strong solutions. 7. If the drinking-water be suspected, it must be boiled before being used; and, if it have stood twenty-four hours after the first boiling, it must be re-boiled. 8. In hospitals on land, the walls are to be washed with one of the weak solutions, then the wards ventilated, and finally white-washed, and the wards used for the reception of cholera cases are to be as far off as practicable from the ordinary ones. The closets in such hospitals are to be cleansed twice daily with a quantity of one of the stronger solutions equal in amount to that of the evacuations passing through them. 9. The clothes of the attendants are not to be taken out of the hospital, and must be regularly disinfected; and the attendants are to use one of the weak solutions for personal ablution. It was also decided to add to these recommendations another, to the effect that all packet boats from infected ports should have a steam disinfecting apparatus on board.

"The Zoophilist" Once More.—We had occasion some weeks ago, to point out that when the *Zoophilist*, in what purported to be a reply to Professor Martin's pamphlet, asserted that all the animals tracheotomized in the course of the experiments described in his Royal Society paper, were also curarized, it merely reasserted in slightly altered form one of the untruths contained in its original attack.

We did not expect the editor of that notorious journal to have the straightforwardness to acknowledge his error; but we were not prepared to find him, in his June issue, stick to his falsehood. Nevertheless, he now states that, in the experiments in question, the only possible reason for setting up artificial respiration must have been the administration of curare; and proceeds "with the strongest emphasis possible" to "reaffirm the accuracy of our [his] original statement."

It is clear that the editor of the *Zoophilist* is either ignorant of the most elementary facts of experimental physiology, concerning which science he undertakes to enlighten the public; or that he is possessed by an overmastering demon of untruthfulness. Does he really believe that natural respiration can continue when an animal's thorax is opened, under chloroform or opium? Or does he know that artificial respiration must be employed in such cases if the heart is to be kept alive, and, knowing it, rely on the ignorance and credulity of his readers to enable him to palm off a falsehood upon them? In short, is he fool or knave?

We desire to take a charitable view of the conduct of our fellowmen when possible; but, since Professor Martin very definitely pointed out in his pamphlet that it was the opening of the chest cavity and the death of the brain which alone made the employment of artificial respiration necessary in all but two cases, we find it hard to conceive that the editor of the *Zoophilist*, who has confessedly read the pamphlet, can be honestly mistaken in this matter.

The Fifth Annual Report of the Thomas Wilson Sanitarium for Children.—This report, which has just reached us, we have read with interest, and we take great pleasure in noting the progress and success which has attended the promulgation and management of this deserving charity during the year just passed. The situation of the Sanitarium is at about 600 feet above mean tide and at a sufficient distance from the city to ensure pure air, while cool water of an exceptional good quality is furnished by a spring on the grounds. To these two necessities to the healthfulness of the resort is added several comfortable buildings, well-adapted to the purposes of the institution; and we are glad to learn that in the near future several additional buildings will be provided for the accommodation of very sick children for a week or more.

During the heated season of last year 1,922 mothers with 3,056 children were received for one day, and 49 mothers with 84 children remained from 5 to 14 days each. There were no deaths at the

Sanitarium during the season, and many children were greatly benefited, and no doubt many lives saved by the timely change from the heated and sometimes foul air of the lanes and alleys of our city to the pure air of the country.

The report, furthermore, points out that the excursions to the institution are intended only for *sick* children, as during last year many children who were in perfect health came, as it were, to a picnic and their presence was felt to be a disturbing element, as mothers would be often obliged to give to these well children the attention which should have been wholly given up to the sick ones. On this account the rules for the distribution of tickets during the ensuing heated season will be drawn closer, and while the number of daily tickets will be increased it is intended, so far as possible, that none but really sick children under three years of age will be received.

That portion of the report furnished by the physician in charge, Dr. W. D. Booker, forms extremely interesting and valuable reading. We learn that all sick children were examined early in the day, and medicine and food prescribed. Those not nursing at the breast were provided with milk diluted with barley water and wheat flour water, according to their condition, this being served every two hours during the day. Cribs and hammocks were furnished, to be used on the porches, in the halls or under the trees; also baby carriages for those children whose mothers preferred to use them. Small stationary wash-tubs with hot and cold water, elevated on a convenient stand, were also furnished, and many mothers treated their offspring to a luxury which they had never before enjoyed. In most instances the soothing effects of the bath to the sick children was very apparent.

Dr. Booker's notes on the administration of food and the general management of the children are worthy of attention, while the results of his microscopic investigations of the fæcal evacuation, so carefully carried on throughout the summer, are suggestive, to say the least, and we hope may prove to be the nucleus of more definite and important research in the future.

The Sanitarium is an institution of which our city may well be proud. We wish for it during the summer now already upon us still greater and far reaching usefulness than heretofore, and we shall look forward to its future reports expecting to derive thereform much valuable information regarding the management of sick children.

The Prevention of Blindness.—The Ophthalmological Society of Great Britain is striving to have the registrar of births required to issue with each certificate a printed warning regarding ophthalmia neonatorum, its treatment and the danger of its neglect. The result of their endeavors has not as yet been made known.

We would suggest that our societies follow the example of our British contemporary, and issue, or cause to be issued, such a warning, so that the masses of the people may be enlightened upon the danger of the "sore eyes" of infants, which fill our blinds asylums and create so many dependents to be a burden on their friends or the State, who otherwise would have become breadwinners and would have made useful citizens of the commonwealth.

It seems useless to press the importance of this subject, so manifest to all must be the need of such instruction and warning, especially when we consider the number of children helped into the world by ignorant and stupid midwives; and the ignorance of even some otherwise intelligent mothers of the fearful and sometimes rapid ill-results of this disease of babyhood.

Let the profession use every available means to prevent this malady, which, though so amenable to treatment in the beginning of the attack, if allowed to continue but a short while may be the means of producing in a majority of cases a irremediable loss of sight.

M. Dujardin-Beaumetz, the well-known French physician has recently been made an officer in the Legion of Honor.

Miscellany.

Remarkable Longevity.—The time is not far distant when the possibility of human life being prolonged in the present day to the age of one hundred years, was denied by some. Satisfactory proofs to the contrary have, however, been frequently furnished; and the return issued last month by the Registrar-General of Scotland for the first quarter of the present year affords further instances, for in it there are recorded the deaths of no fewer than three centenarians. The oldest of these was a man, who died in Nairn at the patriarchal age of 104 years, while the other two were women, aged respectively 102 and 101 years, the elder of the two dying at Kirkintilloch, the younger in the Gairloch district of Ross and Cromarty. Side by side with these well authenticated cases of long life, we find reported from the Glengairn district of Aberdeenshire the deaths of three females, whose united age amounted to 264 years, the oldest of them being 98. —*Brit. Med. Jour.*

Nitrite of Amyl as an Antidote to Opium.—The case is recorded of a person who took two ounces of laudanum and showed every symptom of opium-poisoning,—coma, small pulse, feeble and infrequent respiration (six to the minute), coldness, and cyanosis. Belladonna proved useless, while inhalation of nitrite of amyl immediately improved, and ultimately restored, the patient. This case, reported by the *L' Union Médicale*, No. 139, 1884, though probably without precedent in medical literature, is sufficiently important to lead others to try the same treatment in opium-poisoning. —*Ther. Gazette.*

Glycerin for Dryness of Tongue and Thirst in Febrile States.—As quoted by the *Canada Medical Record*, May, 1885, Surgeon-Major S. K. Cotter, in a recent number of the *Indian Medical Gazette*, relates the case of a patient suffering from enteric fever who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerin frequently, and the result was that at the first trial the patient slept almost comfortably, waking up about every two hours with the tongue feeling dry, but not really dry to the touch; after renewed application of the glycerin he at once slept again. In six other cases it has been tried and found satisfactory. Surgeon-Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coating. But in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.—*Ther. Gazette.*

Postural Method of Treating Dilatation of the Stomach.—In the *British Medical Journal* of May 23d, Dr. Peter Tyler, of Manchester, England, relates a case of dilatation of the stomach effectually relieved by means of the recumbent position, the patient lying on the back for two hours after each meal, with a pillow under the buttocks. The diet was also restricted to fluids, milk and beef tea, and a tonic of iron and strychnia was given. The first application of the postural treatment induced vomiting, but the treatment being persisted in, this soon ceased; improvement set in immediately and progressed rapidly. After a little while the patient was persuaded to go out after applying a tight binder to the abdomen, continuing the postural treatment after eating. In the course of a few months she had regained all her former strength, energy and spirits. The *rationale* of the procedure is obvious. Owing to the relaxed and flabby condition of the stomach the food comes to hang below the level of the pylorus in the flaccid sac, incapable of emptying itself in the ordinary postures of the body. By elevating the lower end of the abdomen, the contents of the stomach are brought on the level with the pylorus and thus put in a position to pass on in the natural way.

Detection of Oleomargarine.—The following test for oleomargarine is as re-

liable as simple. A few drops of sulphuric acid when placed on genuine butter produce first a yellowish-white and after ten minutes a brick-color, while oleomargarine treated in the same manner assumes first an amber and later a crimson color.—*Ther. Gazette.*

Discussion on Uterine Fibro-myomata.—At a meeting of the British Gynecological Society, held May 27, 1885, Mr. Lawson Tait said he differed almost entirely on every point in Dr. More Madden's paper. Dr. More Madden, in deprecating operations through the abdomen in fibroid uterine tumors, represented the case as it stood three or four years ago. The conditions were now very much altered, and we were being obliged to alter our views day by day. Uterine myoma was by no means the harmless and non-fatal disease which Dr. More Madden endeavored to make out. He knew, at the present time, thirteen women who were dying of uterine myomata. He would not go into the medical treatment, because it was a myth. Dr. Madden praised the treatment of tumors by hypodermic injection of ergotine; and it was perfectly well-known that, as long as the patient would submit to the risk, pain, and suppuration which followed hypodermic injections, the hæmorrhage was to some extent arrested; but the moment the treatment ceased the hæmorrhage returned as violently as ever. The moment a patient under 40 was found to have myoma, the uterine appendages should be removed. The more he studied the question, the more certain he was that oöphorectomy was the proper treatment for the early stages of these cases. The risk was none, or as small as could ever be hoped for in any surgical operation. With regard to sterility, the woman was sterile already. She would never bear any more children; and, if she became pregnant, would have the prospect of Porro's operation before her.—Dr. Bantock entirely concurred with the remarks which had fallen from Mr. Lawson Tait. The surgical treatment of fibroid tumors was still in its infancy. This arose as much from the protean and uncertain nature of the disease as from the difficulties which beset the surgeon; for to determine when to operate was as difficult as, and sometimes even more difficult than, to do the operation itself. He said Dr. Madden's pathology of fibroma was as peculiar as it was incorrect. It was a peculiar pathology which described "every growth of this kind as being primarily an interstitial myoma, which became more or less fibrous in structure by the development of its fibrous tissues," and it was an incorrect pathology which described these tumors as eventually "becoming, by gradual increase in size, either subperitoneal or submucous." Every fibroid tumor was not primarily interstitial. According to Dr. Bantock's observation, the site of origin determined the future character of the tumor. He regarded the operation of enucleation as simple when applied to a small submucous tumor, but not so with large tumors weighing several pounds. With regard to hysterectomy, whilst endorsing Mr. Tait's approval of the operation in suitable cases, Dr. Bantock wished to say that he never approached even the contemplation of this operation without the most anxious and serious consideration. Looking back on his cases, he was unable to reproach himself with having done a single case too soon; on the contrary, he had to regret that he had not operated soon enough.—Dr. Meadows thought the subject of such importance, and knew that so many other Fellows wished to join in the discussion, that he proposed that the discussion should be resumed at the second meeting of the Society in June.—Dr. Macan (Dublin) said the higher a tumor rose in the vagina, the greater became the difficulties of dealing with it. He drew attention to the method practised in Berlin by Professors Schroeder and Martin.—Dr. More Madden (Dublin) trusted the subject would be still further discussed. He failed to see that the warmth and enthusiasm with which hysterectomy had been taken up were justified by the results obtained. Mr. Tait's early mortality had been 35.7 per ct.; and even if it were only half that, he should not

approve the operation. Dr. McClintock had said that, although he had seen a large number of uterine tumors, he had never seen one woman die from uterine fibroma. He did not think surgeons were justified in exposing a patient's life, if the mortality of the operation were greater than that of the disease. He preferred the operation of enucleation.

Operation for the Cure of Sterility in Cases of Conical Cervix with Flexion of the Cervix Uteri.—Dr. Graily Hewitt, F.R.C.P., Professor of Obstetric Medicine in University College, says in the *British Medical Journal*, June 13, 1885: One of the rather common causes of sterility in women is the presence of what is termed "conical cervix." This term expresses, however, only imperfectly the real explanation of the difficulty. More generally the vaginal portion of the cervix is elongated, as well as conical, and the whole of the cervical canal is also, in the majority of cases, much curved. These are the cases *par excellence* which have been termed by Emmet "flexion of the cervix." In such cases, the uterus appears to have gone through a serious of changes subsequently to arrival at puberty, namely, (1) imperfect nutrition; (2) softness and want of tone; (3) gradual acquirement of anteflexed shape, mainly as a consequence of the imperfect nutrition and softness of the uterus; and (4) a further and exaggerated condition of flexion of the cervix of the uterus. Resting on the floor of the vagina, the vaginal part of the cervix becomes, as it were, doubled up, so that the os uteri looks upwards and forwards. The condition of the uterus thus associated with conical cervix constitutes one very difficult to deal with, especially if, as sometimes happens, the uterus, as a whole, be tilted backwards, constituting retroversion, conjoined with extreme anteflexion.

Thus, the vaginal cervix is not only too long, but it is sharply curved, and the combination appears to be a great obstacle to conception.

Two principal methods have been heretofore recommended, namely, (1) amputation of a portion of the cervix; and (2) opening out the cavity of the cervix by a median incision through its posterior wall, as recommended by Emmet and Sims. Another method of treatment would be the use of an intra-uterine stem.

A short time since, a patient, with a very decidedly curved and elongated cervix, was sent to me by Dr. Kerans, of Northwich. The patient was very anxious to have a family, and suffered much from disturbance of micturition, and difficulty and pain in walking, due to the anteflexed uterus. She had been married four years. She was treated by means of a cradle-pessary, modified to suit the case, with success as regards general comfort, but the sterility remained. Last year, I performed an operation on this patient, which I now describe, and which seems to me worthy of further trial in such cases. My object was to straighten, as well as shorten, the cervical canal as regards its vaginal portion.

Having drawn down the cervix, I removed from its posterior aspect, in the median line, a portion of mucous membrane, nearly an inch in length vertically and half an inch wide, and, having done this, stitched the upper and lower margins together; the effect of the procedure being to shorten the vaginal cervix on its posterior aspect, to draw the os uteri backwards, and thus straighten the vaginal cervix and increase its patency. When the stitches, three in number, were tightened, the vaginal cervix was made to look downwards, instead of upwards. The sutures were removed after a few days. The operation was done at the beginning of the year 1884, and the patient informed me recently that she expected her confinement in the beginning of May.

I consider the above a better procedure than amputation of the vaginal portion, because it leaves the os uteri in a natural state; and I think it preferable to Emmet's operation, because it leaves the cervical canal intact. The uterus, as a whole, is less mutilated by this procedure; and, presumably, its functions may supposed to be better exercised when the cervical canal and the os

uteri externum are preserved. It may be remarked that the use of them is less likely to be attended with benefit it in these cases; for the vaginal portion is too long, and something must be done to shorten it, although the use of a stem might be of benefit, in order to further improve the patency of the cervical canal after the vaginal portion has been shortened by the procedure above described. In the case related, however, the operation alone appeared to produce satisfactory results.

Treatment of Diphtheria. (*L' Union Méd. du Canada*, April.)

Bell, of Glasgow, is reported to use the following formulæ in the treatment of diphtheria:

℞—Tinct. fer. chlo., ℥iij;
Acidi sulphurosi, ℥iiiss;
Potass. chlor., ℥iij;
Glycerinæ, ℥i;
Aquæ ad ℥vj.

Sig.—A dessert-spoonful every two hours for a child fifteen years of age. To be diminished as the age is less than fifteen.

Also:

℞—Acidi carbol., ʒ i;
Acidi sulphurosi, ʒ iij;
Sol. fer. perchl., ʒ ss;
Glycerinæ, ʒ ss.

The foregoing is to be applied to the diphtheritic patches, with a brush, every two hours or it may be used in the form of a spray. Its use should be continued until all the patches have disappeared. If it causes irritation, the mixture should be modified with glycerine and borax. A weak solution of permanganate of potash should also be used at frequent intervals as a gargle. Stimulants are approved of from the very beginning of the disease, according to the indications. An abundance of nourishment in the form of soup, jelly, and milk must also be given. The air should be constantly renewed and all the surroundings thoroughly disinfected.—*Archiv. Pedriatics.*

Garbage should be Burned.—The *Sanitarian* wisely suggests that in view of the probable visitation of cholera, garbage and waste matters of the smaller cities and villages, where no sewerage system exists, be burned. By this both the animal and vegetable refuse material is rendered unnoxious, while, oftentimes, it is impossible to haul the garbage to a safe distance on account of its great bulk. Burning is the proper mode of disposal, and the ashes may be used as a fertilizer.

Milk as a Vehicle for the Admistration of Iodide of Potassium.—Prof. E. S. Keyes of New York, speaks of milk as a most suitable vehicle in which to administer iodide of potassium, especially in cases in which large quantities of the drug have to be employed. The taste which is so disagreeable to some patients is modified greatly and it also has the additional value of being a nutriment of the first order.

Intermittent Pulse.—Dr. B. W. Richardson, of London, believes that alcohol is the one reliable remedy for this affection. He also has found beneficial in similar cases the administration of one-third of the following mixture, three times a day, when the patient abstains from alcohol and has no organic disease of the heart:

℞—Spt. chloroform,
Spt. Ammon. arom, āā, ʒ i,
Aquæ camphor, ℥ i.

Mix.

The Nourishment of Typhoid Patients.—Dr. Flint is reported (*Med. and Surg. Reporter*) as having said that many lives are lost by starvation, owing to the over-estimation of the nutritive value of beef-tea and meat juice. He holds that in typhus and typhoid there is no good substitute for milk and eggs.

Carbonate of Ammonia in Scarlet Fever.—Dr. A. W. Jackson, of Brooklyn, calls attention to the treatment of scarlatina first brought prominent into notice by Dr. Peart, of England. This consists in the administration of from three to seven grains of carbonate of ammonia every hour for the first day, and then at longer intervals. Purgatives are to be avoided during the early

stages of the disease. The writer states that he has had occasion to test this mode of treatment, and can indorse it heartily. In addition, he employs the fluid extract of eucalyptus internally as a gargle. Where there is much exudation, a mixture ot carbolic acid and iodine in glycerine is painted over the parts. In too rapid recession of the rash, Dr. Jackson applies cloths dipped in thick mustard water, or wraps the child blankets wrung out in hot water. —*Analetic.*

The Operation of Grave Affections of the Tongue.—Dr. Deahna, of Stuttgart, publishes in Schmidt's *Jahrbuecher* a resumé of the surgical methods of treatment of grave affections of the tongue and pharynx. He reports that Dr. A. Woelfler (*Archiv. f. Klin. Chir.*, 1882) is of the opinion that the detail of the method of the operation is secondary in importance to the after-treatment. Woelfler recommends Billroth's technique, that is to say extirpation of the tongue from the mouth after previous ligation of the lingual artery, and advises as after-treatment cauterization with crystals of permanganate of potash and drainage of the cavity of the mouth. This method of operation he has not since modified but prefers an iodoform dressing of late. The dressing is a simple one. Absorbent cotton is saturated in glycerine and an alcoholic solution of colophonium, then freely dusted with iodoform, and several such strips are successfully placed in the mouth and pressed into the wound. These strips may remain for a week. Only the superficial layers, that become impregnated with saliva, and the food must be removed daily. No bad odor arises; the patients feel particularly well and are able from the second day on to partake of liquid nourishment. With this mode of dressing, Woelfler believes that no drainage of the mouth and no especial treatment of the points of ligation need be provided. If no direct communication between the oral cavity and the points of ligation existed then no communication was established, but each wound was treated for itself. If, however, the operation established a communication from the buccal cavity to the points of ligation, then a drainage-tube can be employed with benefit. The result of the observations of Woelfler is, that the processes of inflammation that formerly invariably followed the removal of lingual carcinoma are the consequences of a septic infection which can be so obviated; and it is the opinion of Woelfler that the pneumonias that were formerly met with in consequence of the unavoidable entrance of wound secretions into the trachea are to be considered as septic in character. Woelfler reports seventeen cases operated in the period of five months. His patients ranged in age from forty-one to seventy-one years of age. The whole series was discharged cured. Our space does not admit of a detailed statement of the individual cases. however, the majority of them appear to have been such of extensive carcinomatons infiltration. In only four cases the lingual artery was not ligated; in nine cases it was necessary to ligate one lingual artery; in four cases both had to be tied. The cases demanding ligation, single or double, presented extensive pathological change and large amounts of tisssue had to be removed.

In one case that was discharged cured after three weeks, the entire right half of the tongue, and the floor of the mouth were excised after ligation of the right lingual artery; furthermore, submandibular lymph glands and glands of the throat were removed, demanding partial resection of the internal jugular, and of the superior thyroid artery and vein.

Frederick Treves (*Lancet*, p. 677, 1883) reports four cases that were operated according to the method of Billroth. He washed out the mouth with permanganate of potash, and nourished his patients by means of the stomach-tube introduced through nostrils. One patient died of septic foreign-body pneumonia.

Walter Whitehead (*Lancet*, 1881) removes the entire tongue, without previous ligation. Whitehead's mortality is eleven per cent., twenty-eight cases being reported. The method did not receive favorable criticism in England on account of the danger of hemorrhage. G. Elder (*Lancet*, 1882) and F. Treves

do not favor the method; and Billroth is of the opinion that an operation without previous ligation of the lingual vessels is feasible but altogether too bloody, and very inconvenient.

The use of the écraseur and of the galvano-cautery has been practiced by Stokes, Richard Burwell, Bennett, Martin Coates, Clement Lucas, Henry Freeman and Weil. The results are not very favorable. Hemorrhage and return of the carcinomatous affection followed in the majority of cases.

As a certain means to obviate primary and secondary hemorrhage Delens (*Jour. de Ther.*, 1881) champions the elastic ligature. The pain is said to pass away after a few hours. In the cases cited by Delens, by Just, Deahna and Giovanni Fiorani, the ligature cut through in eight to twenty days. Disinfection by iodoform was practised.—*Med. Review.*

The New Medical Museum.—The plans for the new National Medical Museum building will soon be completed by the architects and submitted to the board of commissioners for approval. The board consists of the Secretary of War, the Secretary of the Smithsonian Institution and the architect of the Capitol. The site selected for the structure is the Smithsonian grounds, just east of the National Museum. The original estimate of its cost was $250,000, but Congress appropriated only $200,000, and provided that the completed structure shall not exceed that sum. It will extend three sides of a parallelogram, with a plaza front to the south, and will have between fifteen and eighteen thousand square feet of space upon a single level. The ground floor is to be used for the pension records of the War Department. Upon the upper floor one wing is to be devoted to the medical library, and the other to the museum, each having a floor area of one hundred and twenty by fifty feet. This floor of the connecting structure will be devoted to laboratories, offices and workrooms.

The museum is to be erected by contract, and should the present plans meet the approval of the commissioners, the work will probably be begun about the first of September. The National Medical Library is now the largest and most complete in the world. The museum, in so far as its illustrations of army surgery and medical practice is concerned, is also the finest in existence, but is lacking in other respects owing to the fact that for want of space the medical profession at large has not yet been invited to co-operate in its establishment and increase.

Continental Universities.—According to the German University Calendar, the numbers of students in the medical faculties of the Universities of Germany, Austria and Switzerland, during the winter session 1884–85, have been: Vienna, 2,291; Berlin, 1,133; Munich, 874; Würzburg, 791; Leipsic, 695; Greifswald, 408; Breslau, 370; Grätz, 369; Freiburg, 307; Halle, 269; Bonn, 251; Könisberg, 247; Erlangen, 222; Heidelberg, 210; Marburg, 206; Strassburg, 304; Zürich, 199; Göttengen, 190; Tübingen, 185; Bern, 184; Kiel, 174; Jena, 155; Geneva, 144; Giessen, 135; Basle, 113; Rostock, 87.

The valuable services to surgery which have been rendered by Prof. Volkmann, of Halle, have just been officially recognised by the bestowal upon him of the coveted monosyllable expressive of nobility, which is one of the most valued prizes of professional pre-eminence in Germany. His active work in the great international gatherings has doubtless found him many friends in this country who will cordially congratulate Richard von Volkmann on his well-deserved honors.—*Lond. Med. Times*, June 15, 1885.

Psoriasis.—Prof. Fournier, in the treatment of psoriasis, uses a formula in which he combines chloroform and gutta-percha with the remedy, as it forms a pellicle on the skin and keeps the medicine applied to the part, as follows:

℞.	Chloroform,	8 parts.
	Gutta-percha,	1 part.
	Chrysophanic acid,	1 "

—*Phil. Med. Times.*

Caution in Anæsthesia.—Dr. Buck, London, says that if the patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage, through the pneumogastric nerves.—*London Lancet.*

Treatment of Vaginitis.—Sigmund (*L'Union Méd.*) recommends the following solution for the treatment of vaginitis:

Iodine,	gr. 1¼
Potassium iodide,	gr. 6 to 12
Glycerine, pure,	3 v.

Dissolve and apply to the walls of the vagina, or introduce tampons wet with the solution for the treatment of blennorrhagic vaginitis with granulations.—*Med. News.*

Medical Items.

The British Medical Association will hold its Fifty-third Annual Meeting at Cardiff, Wales, on July 28th, 29th and 30th, under the Presidency of Dr. W. T. Edwards, of Cardiff. The British Association for the Advancement of Science will hold its annual session in Aberdeen, Scotland, in September.

In order to secure accurate reports of its meetings the Chicago Medical Association has appointed a committee on publication, and has elected a stenographer. This is a movement which all well-regulated medical societies should inaugurate. The reports from many of the best medical societies are so imperfectly prepared that the good work of these societies is wholly mutilated. No medical society can prosper, in the strict sense of this word, without having its reports carefully prepared and published.

The American Neurological Association, which held its Eighth Annual Meeting in New York on June 17th, 18th and 19th, has elected the following officers for the ensuing year. President, Dr. C. K. Mills, of Philadelphia; Vice-President, Dr. V. P. Gibney, of New York; Secretary and Treasurer, Dr. R. W. Amidon, of New York.

The French Government will send a commission, headed by Dr. Brouardel, to Spain to study the origin and progress of the cholera epidemic now raging in that country.

Professor John Tyndall, of England, the distinquished scientist, has given to the University of Pennsylvania $10,800 as a foundation for a fellowship in physics to be conferred by the corporation.

Professor H. Newell Martin, of this city, has been elected a Fellow of the Royal Society of England, an honor he has justly won by his distinguished scientific work and original investigations.

All of the medical societies, of this city, have adjourned for the summer months, after very successful and interesting meetings held during the fall, winter and spring months.

Quite a number of Baltimore physicians are now enjoying refreshing rest out of the city. Drs. Frank Donaldson and H. P. C. Wilson will spend the present summer in Europe.

General Grant is said to be growing gradually weaker, and his death may occur at no far distant day. He, however, continues to work on his book, and shows that his strong will and determination have not been reduced by illness. His patience, fortitude and resolution under severe suffering are worthy of admiration.

Dr. Laurence Turnbull, of Philadelphia, the author of an excellent book on "Anæsthetics," has been invited to take a prominent part in a special debate on "Anæsthetics" in the Section of Pharmacology and Therapeutics of the British Medical Association at its forthcoming meeting in Cardiff.

The Governor of Pennsylvania has appointed the following to constitute the State Board of Health: Col. Wm. Ludlow, Benjamin Lee, M. D., Joseph F. Edwards, M. D., Pemberton A. Dudley, M. D., of Philadelphia, E. W. Germer, M. D., of Erie, and J. W. McClellan, M. D., of Pittsburg.

Dr. Charles A. Cameron, medical officer of health and city analyst of Dublin, has had the honor of knighthood conferred on him in recognition of his services in promoting the public health.

A memorial statue of Charles Darwin was recently unveiled by Prof. Huxley, in the great Hall of the Natural History Museum on the occasion of its presentation, as a national monument, to the British Museum, in the presence of the Prince of Wales and a large assemblage of prominent scientific men. The Prince of Wales received the statue on behalf of the trustees of the Museum. Professor Huxley said that, in requesting his Royal Highness to accept this statue of Charles Darwin, he did not make the request for the mere sake of perpetuating a memory; for so long as men occupied themselves with the pursuit of truth, the name of Darwin ran no more risk of oblivion than did that of Copernicus or that of Harvey. Nor did they ask its preservation in its cynosural position as evidence that Mr. Darwin's views had received official sanction; for science did not recognize such sanctions, and committed suicide when it adopted a creed. They begged that it might be cherished as a symbol by which generation after generation of students of Nature would be reminded of the ideal according to which they must shape their lives, if they would turn to the best account the opportunities offered by the great institution under the trustees' charge.

The New Hampshire State Medical Society has appointed a committee to memorialize the Legislature for the passage of a bill in accordance with the recommendations of the American Medical Association at its last meeting in New Orleans.

The *Ephemeris* recommends a solution of boric acid in the proportion of 0.5 per cent. as the best preservative of solutions of cocaine.

Prof. L. E. Sayre, Ph. D., of Philadelphia, has been elected to the newly created Chair of Pharmacy in the Kansas State University.

The Paris correspondent of the *Brit. Med. Jour.* writes: M. and Madame Victor Saint-Paul have given 25,000 francs to the Académie de Médicine, to be awarded as a prize to any one who can discover a remedy, to be recognized by the Académie, as efficacious in diphtheria. Until the remedy is found, the interest paid on the money is to be awarded every two years to those whose works and researches on diphtheria are recognized by the Académie as the best. This prize is open to competitors of all nations.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from June 16, 1885, to June 29, 1885.

Captain J. Y. Porter, Assistant Surgeon, having been found incapacitated for active service by an Army retiring board, ordered to proceed to his home and report by letter to the Adjutant General of the Army.

Major Albert Hartsuff, Surgeon. Assigned to duty at Fort Hamilton, New York Harbor.

Major J. V. D. Middleton, Surgeon. Granted one month's leave with permission to apply for fifteen days extension, to take effect about 15th proximo.

Major H. E. Brown, Assigned to duty as Post-Surgeon, Fort Reno, Indian Territory.

Captain Blair D. Taylor, Assistant Surgeon. Ordered from Department Texas to Department East.

Captain William F. Carter, Assistant Surgeon. Ordered from Department East to Department Texas.

Captain William B. Davis, Assistant Surgeon. Leave of absence extended three months.

First Lieutenant R. G. Ebert, Assistant Surgeon. Granted leave of absence for one month, to take effect about July 5.

First Lieutenant R. L. Robertson, Assistant Surgeon, now on leave of absence, directed to report in person, by July 7, 1885, to commanding officer, Columbus Barracks, Ohio, to accompany detachment of recruits to Department Texas. On completion of this duty to rejoin his proper station.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, for the week ended June 27, 1885.

Long, W. H., Surgeon. Granted leave of absence for three days. June 18, 1885.

Fessenden, C. S. D., Surgeon. Leave of absence extended seven days on account of sickness. June 22, 1885.

White, J. H., Assistant Surgeon. Granted leave of absence for twenty-one days. June 23, 1885.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, during the week ending June 27, 1885.

Bansford, John T. Commissioned as Surgeon on Active List. June 16, 1885.

Ross, J. W., Surgeon. Detached from Naval Laboratory June 30, 1885, and waiting orders.

Original Articles.

SURGICAL TREATMENT OF INFANTS*.

BY DE FOREST WILLARD, M. D.,

Lecturer on Orthopædic Surgery, University of Pennsylvania, Surgeon to the Presbyterian Hospital, etc.

Your committee having invited me to speak to you to-night upon the Surgical Treatment of Infants, I purpose to confine my remarks chiefly to personal experiences in the means of relieving the principal surgical difficulties which are met with during the first two years of life. If the subject shall occasionally lead me to older children, it will be because the line between infancy and childhood is not a marked and well-defined one.

As you are all active practitioners also, it will be unnecessary for me to dwell upon detail, and I shall only touch upon practical points in treatment. The surgery of childhood, as compared with that of adult life, is, aside even from congenital defects, sufficiently marked and distinctive to entitle it to separate consideration.

First of all, must the children's surgeon acquaint himself with the anatomy of the child. This is rarely done, as the ordinary adult dissections during a college course, give little idea of the size and position of the individual elements as seen in the infant. In consequence of ignorance upon this practical point, many grievous failures have occurred. After unsually large opportunities for the study of both normal and abnormal tissues in the diminutive frame, I am still frequently surprised to note the exceeding smallness of different organs and canals.

Another essential element in the surgeon, is tact in the management of the little ones, especially when dealing with them between the ages of two and ten. In hospital cases, but little history is attainable, and much depends upon quick perception. Naturally fearful of pain, the patient's mind must be diverted and engaged or great difficulties in diagnosis will often occur from the fright and struggling. The operator not in sympathy with children, can never secure their confidence. Much will often be gained by quiet observation. It is not a month since my opinion, which at the first few moments of the consultation, had been favorable to tracheotomy, was changed by five minutes close watching, and the result proved the correctness of the procedure. To the person, however, who will carefully study individuality as well as disease, no department of medicine offers so pleasant a return for his labors. My personal experience with children has perhaps made me more hopeful in regard to the power of such individuals to endure pain, shock and disease, than would be indicated by the expressions of other authors, but to me there is no domain of surgery so attractive and gratifying as the treatment of children below the age of puberty. Their natural condition is that of hopefulness, and as soon as the depressing influence of shock, pain or fear is removed, the normal resiliency of mind and body asserts itself with such rapidity that the results are often surprising.

Again, a child has only inherited taints of constitution to contend against; his viscera are ordinarily in a healthy condition; an adult has not only hereditary but all the acquired vices occasioned by misuse or abuse of any organ or sets of organs, a circumstance which often turns the scale in the struggle between life and death. Take, for example, the single instance of the outraging of tissues by either the moderate or the excessive use of alcohol, and every surgeon will testify that even slight wounds may, in such an individual, quickly develop a fatal attack of mania-a-portu.

Tetanus is not more frequent in infants than in adults, notwithstanding the tendency of the former to nerve excitability.

In regard to anæsthetics, my experience is that great benefit is obtained by the use of ether when pain can thereby be prevented. In the first weeks of existence, I admit that a feeble vitality would contra-indicate its use, although I have successfully administered it to a

*Read by invitation before the Philadelphia Obstetrical Society, June 4, 1885.

three-days-old infant. After the first or second month I see no reason why we should needlessly inflict pain upon an infant simply because we can control it by brute force. In the examination of fractures great suffering is often inflicted by careless and freqent manipulation, and unless the diagnosis is easy and positive, unconsciousness should be produced. No case of bone injury should ever be passed by undiagnosed when ether will solve the question.

In the opening of abscesses, the "primary influences" of ether is so readily obtained that it should be brought into use whenever practicable, as keenness of pain can thereby be avoided.

Fear plays an important part and may depress the child's system even more than pain, hence great caution should be observed that all knowledge of any operative procedure should be guarded against. When the day for action arrives let the surgeon quietly and gently state to the little one, if it has arrived at years of reason, just what it is proposed to do, at the same time assuring him that no pain will be experienced, and if such words be followed by firm, speedy and judicious management, much agitation and fear will be avoided.

All preparations should be made out of sight and hearing of the patient, and instruments need never be seen by him, except when a strong impression is intended to be made upon the mind of a masturbating boy requiring circumcision, in which case ether may also be omitted.

One word in regard to the method of anæsthetization. It is but natural that a child should be distrustful of any attempt to deprive him of consciousness, a fear which is greatly increased by the injudicious and greatly-to-be-condemned habit of many parents, who systematically threaten their offspring with the expression, 'the doctor will come and cut your head off." A few kind words will often quiet the agitation, and simple directions as to the method of breathing will save many minutes of struggling resistance. With very young children, the first smell of ether may be masked by permitting them to see cologne poured upon the towel, after which ether may be quietly added, and they will feel that it is a perfume that they are breathing. This device has frequently served me a good purpose. I always allow a good admixture of fresh air for the first moment; but when the child actually begins to cry, then quick action answers best. The towel should now be well saturated and held firmly over nose and mouth until two or three strong screams and inhalations will yield a full primary impression which can be gradually followed up to complete anæsthesia with safety.

Should any symptom of ether narcosis occur, it is so easy to depress the head of a child or to perform artificial respiration by acting upon the ribs, that serious accidents are infrequent. Subsequent vomiting is very common but is not persistent, and is easily quieted by a small hypodermic of morphia, a procedure which ordinarily brings quiet sleep to the patient. If the child is feeble I always allow milk up to within two or three hours of the operation, and then administer wine or whiskey in water immediately before giving the anæsthetic. Milk with lime water and whiskey is usually retained within ten minutes after the first vomiting on rousing. In tedious excisions, not only should preliminary precautions be taken to secure against prostration by shock, but hot water bags should be ready for use, which, with hypodermics of brandy, may succeed in tiding over a temporary depression which would otherwise end in death. When the loss of blood has been great, especially in acute surgery, important assistance may be gained by transfusion, either of blood or of a warm saline solution.

Under the head of arrest of hemorrhage, I would strongly advocate the use of animal ligatures, since the pain often incident upon the removal of threads, greatly disturbs the needed quietude of wound and mind.

Thorough asepsis and antisepsis are especially valuable, since we not only secure the admirable results that are attainable by their use, but are also enabled to disturb the child with far less frequency. I am now treating a girl with a railroad crush of the leg, which

would thoroughly have justified amputation, yet which, under corrosive sublimate dressings, has not been touched but six times in as many weeks, even though extensive sloughing has occurred. Save, upon one occasion, at the height of the process of tissue death, the applications have been taken away perfectly sweet, and the child has the promise of a reasonably good limb. In my anteseptic days I certainly was never able to carry a patient through such a process and keep the temperature, as has been done in this case, below 99½° all the time, and usually but slightly above 98°. With infrequent dressings the irritation of the child is but slight, and if pain is also absent, contentment is the rule, under prompt nursing.

I cannot too strongly emphasize the importance of this latter condition. A kind, quiet, gentle nurse is one of the most valuable assistants in the real progress of the case, especially during the first week following operation. Such care cannot be delegated to untrained and careless people, hence it is absolutely necessary that children should be in separate hospitals, or in separate wards, under the best of care-takers. Even in private, the mother is rarely the best nurse for a child past two or three years of age, and a skilled attendant answers best. In hospital practice, I have often been surprised to see how contented and patient the majority of children of even three years of age will become, if the mother maintains a judicious absence and the nurse is efficient and kind.

Another point which I wish most emphatically to emphasize to-night is the fact that congenital defects are most inexcusably and persistently neglected by even good practitioners, either under the mistaken opinion that nothing can be done, or that a later period will be early enough. The consequence is that many unfortunates become helpless and hopeless cripples by that physician's advice, since passing out of his sight and mind, the neglect engendered by his direction, "wait," is fostered by parents, ever ready to postpone a dreaded day.

Turning to some of the special surgical diseases of infants I would say that it is my intention to simply touch upon a few points of treatment without regard to definite arrangement or order, since to consider almost any one of the conditions in full, would require an entire evening's discussion.

In a new-born child, the first most probable trouble requiring surgical relief will be *imperforate anus* or *rectum.* Such a condition is not improbable when we remember that the intestine is formed as a closed tube. If the malformation be simply one of occlusion of the anus by a membrane, it would seem to be the easiest of procedures for any practitioner to make an opening, yet I have seen children permitted to die with the entire ischio-rectal fossa and perineum bulging with retained fæces, when a simple puncture through a membrane, closing an otherwise normal anus, would have given immediate relief. This timidity may perhaps be explained by the fact that occluded anus and imperforate anus are confounded with imperforate rectum and the case is given up as hopeless. In imperforate anus the operation is still a simple one, since a crucial incision, together with stitching of the mucous membrane to the skin and subsequent dilatation with the finger or probe, is all that is required.

When the anus is normal and patulous, but the rectum is occluded by a membrane, or is actually absent, then a much more serious condition presents itself, the difficulty increasing in proportion to the extent of the deficiency. Should no meconium be passed within the first twenty-four hours, a careful search should be instituted. The little finger or a catheter passed into the anus will detect the obstruction, or if the anus be absent, the vagina, if present, may be explored for the abnormal fistulæ. As soon as the presence of fæces can be discovered in the fossa, a careful dissection should be made, keeping well backward, so as to avoid the vagina, or the urethra and bladder. A catheter should always mark the position of the urethra. There is but little danger even in deep incisions, if the region of the coccyx and sacrum be

followed. The gut found should be drawn down as far as possible and secured, a channel being maintained through the lower rectal region if necessary, by the finger or by bougies, the latter of which should not, however, be retained constantly in position. There is much less danger from subsequent hemorrhage, if the external incision be fee, and no fear need be entertained about the ultimate retention of fæces, as, if the child escapes peritonitis and other inflammations, good control of the bowel is always secured; in fact the chief subsequent danger lies in the formation of stricture. When the length of the bowel will not permit it to reach to the site of the anus, the new opening may be made nearer to the sacrum. Should no trace of the rectum be found within two inches of the anus, it is unsafe to further explore a region where peritoneum would be liable to injury: either left inguinal or left lumbar colotomy should be performed. The right groin is to be selected if there are evidences of absence of sigmoid flexure. The left inguinal position gives a better subsequent opportunity of passing a bougie downwards into the rectum and thus establishing a proper anus. If the colon is full, it will not be difficult to find. In cases of doubt, its distention by air or water through a hypodermic needle, would determine its termination. Abnormal openings into the vagina, bladder or urethra rarely require early operation, but in non-retention of fæces, at a later age, Rizzoli's plan of procedure is a good one.

Later in childhood, the surgeon is often compelled to treat another condition of the rectum, namely, prolapse. This if excessive and non-yielding to replacement, astringent applications, hot water bathings and general constitutional measures, must be cured by the production of linear eschars by nitric acid.

The genito-urinary organs may also require attention immediately after birth. A simple occluded urethra is easily relieved by the careful introduction of a sound or catheter. *Epi-* and *hypo-spadias* and *extrophy* of the bladder should not be allowed to go on to adult life without relief. As soon as the child has passed its dentition period a plastic operation should be attempted for relief, since the mental and moral effect of such a deformity has often a marked influence upon the lives of the unfortunates. *Adhesion* of the *vulva* or nymphæ should not be overlooked, since not only does the nervous system suffer, but the parts may be improperly developed. Separation can almost always be accomplished by the finger or by a probe. An absolutely *imperforate hymen* should never be allowed to exist if discovered, since if permitted to impede the menstrual flow, at a later period, serious and even fatal results may follow its division, if the uterus and Fallopian tubes have become dilated by the imprisoned secretion. *Imperforate vagina* should receive at least careful diagnostic attention to detect the presence of a uterus, and if not absent, fuller development will be secured, if the passage can be opened during the first few years of life. With a catheter in the urethra and a finger in the rectum a careful operator can explore safely. I have met with several cases in which the *penis* was preternaturally *short* and illy formed, the body of the organ during flaccidity being almost entirely concealed in the fatty tissues of the pubes. In such instances I have removed the prepuce during the first three months of life and have cut away all restricting bands of skin and connective tissue, sometimes even drawing beneath the penis an extra flap of skin when the corpus spongiosum has been short and dwarfed. By such means the fullest amount of growth is encouraged.

Adherent and *contracted prepuce* or phymosis has been the subject of much discussion in regard to its causal influence upon certain nervous manifestations. My views upon this subject have been already published, and after two years of additional experience, during which time I have been brought daily in contact with this class of cases, I can reiterate what I then stated, namely that while more or less adhesion is an almost constant and normal condition, yet that when urinary, choreic, paretic or any

*Philadelphia *Medical Times*, June 30, 1883.

other nervous symptoms develop, a careful investigation should never be omitted, since a direct relation will in a certain number of cases be clearly evidenced, and removal of the cause will speedily cure the manifestation. The fact that even circumcision does not relieve the symptoms is undoubtedly true in many instances, and I have never claimed that preputial adhesion and narrowing was anything more than one of several factors which should be carefully scrutinized. I have only urged that its influence should not be overlooked when so simple an operation as stripping the prepuce from the glans by the thumbs or possibly by the use of a probe is all-sufficient; there can certainly be no argument against removing this one factor. My opinion in regard to the feasibility of drawing back the prepuce in young children, even when the opening seems scarcely pin-hole in diameter, has been greatly strengthened, and circumcision is only necessary when the simpler method described, fails to secure a prepuce freely movable over a normal glans. Dilatation even is but rarely required a few moments of continuous pressure soon revealing the mucous layer, adherent perhaps just about the meatus, which, when loosened, permits the head to pass through the opening and the corona is freed with the thumbs. Should temporary para-phymosis occur, two probes or a hair-pin slipped beneath the constriction will easily permit replacement.

Congenital hydrocele rarely requires much surgical interferrence beyond an evaporating lotion of muriate of ammonia or alcohol as a few weeks will often close the canal, if hernia does not co-exist, a fact which can be determined by non-translucency and capability of reduction. Should the connection with the peritoneum fail to close, puncture with the application of a truss will usually complete the cure. A hydrocele with closed canal is better treated by tapping and injection than by seton.

The diagnosis between *encysted hydrocele* of the cord, *hernia* and *undescended testicle* is sometimes difficult, but if the surgeons remembers that the former is simply a cyst in some obliterated portion of the peritoneal coat of the cord, that its rounded shape can be detected if it is pulled well down into the scrotum, that it is usually translucent, that the impulse is not as decided as in the case hernia, that it returns to the abdomen only by being pressed upward and not with a slip and gurgle, he will rarely be led astray. A hernia may co-exist with either of the above mentioned conditions, but if non-adherent careful isolation will settle the diagnosis. Should the hernia become strangulated or the non-descended testicle become inflammed and infiltrated, the most careful examination will be necessary. In retained testicle, its absence from the scrotum will be the first point in arriving at a decision, but even in such a condition, the organ might be within the abdomen and an encysted hydrocele present, or the testicle might, as has recently fallen under my notice, slip into the tissues of the perineum and be exceedingly difficult to discover. In the case just mentioned, it sometimes requires numerous manipulations to cause the missing organ to return to its place in the pouch. Should hernia and retained testicle both exist, a double purpose can be gained by drawing the latter down, and pushing the former up and then applying a truss. The successful retention of the organ with in the scrotum is a matter of great difficulty, and removal is scarcely justificable in young persons unless pain or inflammation ensues. Extirpation, if required in later youth, will probably not interfere with the procreative power of the individual, since one gland will supply all requisite material, and the affected one is practically useless from atrophy, even if it is not devoid of tubular structure. Traction is of little service as manipulation tends to increase the sensitiveness of the organ. In prognosis it should be remembered that cryptorchism exists in nearly ten per cent. of males at birth and that descent may occur within the next few weeks.

(*To be Continued.*)

Society Reports

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, THURSDAY, JUNE 11, 1885

The President, Dr. Shakespeare in the Chair.

Dr. H. R. Wharton presented

A LARGE TUMOR REMOVED FROM THE POSTERIOR PORTION OF THE LEFT THIGH

of a patient in the University Hospital under the care of Prof. Ashhurst, with the following history: Geo. H., aged 32 years, whose father is still living, and whose mother died when he was an infant of meningitis, whose brothers are living and healthy; noticed some eight years ago a small tumor appearing on the posterior portion of the left thigh about six inches above the popliteal space; since that time it has gradually increased in size, until at the time of his admission to the hospital it presented itself as an oblong tumor larger than a man's head. The growth of the tumor was accompanied by paroxysmal attacks of severe pain. He could not remember ever having received an injury at this portion of his body: The tumor was enuclented without difficulty, and in so doing about six inches of the sciatic nerve which was decidedly in contact with the sheath of the tumor, a portion of the semitendinosus and bicep muscles were stretched over the tumor. Upon examination after removal the tumor was found to consist of one large cavity containing a reddish brown fluid, surrounded by a thick fibrous wall, varying in thickness from an inch to two inches, and a point presenting numerous points of calcareous degeneration, the innner surface of this wall was lined with irregular floculent masses. Microscopical examination proves it to be a spindle-celled sarcoma, with arreas of calcareous degeneration scattered through it.

The principal points of interest in this case are the large size of the tumor, the slow course of its development, the ease with which it was removed without injury to the surrounding structures.

Dr. Tyson said that he was interested in the cystic feature of the tumor. It would be interesting to determine if this cyst—which is a typical example of the cyst by softening—has an endothelial lining. He also asked the nature of the fluid contents.

Dr. De Schweinitz replied that he had been foiled in his efforts to make satisfactory sections by want of time for decalcifying the growth. He had determined, however, that it was unquestionably a spindled-celled sarcoma. The cyst's contents had been spilled during the operation, but were of a chocolate color.

Dr. Barton said that at the previous meeting Dr. Nancrede had exhibited two growth with a similar clinical history and analogous histological structure. It would be interesting to examine both growths with reference to the character of the walls of the blood-vessels, as suggested by Dr. Nancrede, to ascertain if any light could be thrown upon the non-malignancy of the so-called recurrent fibroid tumor of Paget.

Dr. Nancrede remarked that he had at the previous meeting specially called attention to the fact that the *so-called* recurrent fibroid of Paget was a small spindle-celled sarcoma. The position which such growths occupied, viz., the subcutaneous connective tissue, did not seem to him, as had been suggested by Dr. Simes, a satisfactory explanation of their non-recurrence. He was under the impression that a careful study of the histology of their vessel walls could demonstrate that they more closely approached those of a fibroid tumor than those of other sarcomata in not being merely channels through the tissue, directly—or almost directly—in contact with the tumor-cells.

Dr. Nancrede thought that the term "recurrent-fibroid" was a good clinical one as applied to a certain class of sarcomata, since other tumors much resembling them in histological character pursued a far different course.

Dr. Tyson said that he had early made a study of these growths first

known as fibro-plastic tumors of Lebert and later named by Paget "recurrent-fibroid," but now correctly included among the sarcomata of Virchow.

Dr. Tyson thought that the explanation of its non-malignancy was found in the fact that the physiology of sarcomata varies greatly in this respect, some being scarcely more so than certain fibromata, while others vie with the worst cancers in this characteristic. The former represented by the hardest of the sarcomata are again the small spindle-celled, which may be said to be the type of the recurrent fibroid of Paget. He agreed with Dr. Nancrede that the term was a good clinical one, designating a small spindle-celled sarcoma recurring in loco, but seldom by metasasis.

Dr. Formad said that no true tumor ever had arteries or veins; their blood vessels were merely blood channels without muscular walls, even in fatty tumors. The cancers are an exception to this; they have true blood vessels and nerves, hence are painful.

Dr. Nancrede replied that, as Dr. Formad's statements were totally at variance with all reliable observers, he was not prepared to accept them at present, and still thought that careful study of the histology of the vessel walls in the various sarcomata might reveal something of practical interest.

Dr. Formad said that, to him, the relative malignancy of these growths was plain. Spindle-cells can never move from their position, especially if the blood vessels are small. The small round-celled sarcomata have small cells and are more vascular and, hence, are very malignant, *i. e.*, give metastasis. Giant-cells never travel.

Dr. Shakespeare said that the suggestions of Drs. Nancrede and Barton as to a possible difference in the blood vessel walls of differing malignancy was doubtless based upon the well-known facts that these growth became generalized through the blood channels. It seemed to him a matter of interest, and also raised a point which might be found of importance, if properly investigated, as explaining the clinical differences. It is indeed true that the tendency to malignancy from metastasis was in large part due to the ease with which cells could be detached from their place, and this has as much to do with metastasis as the supposed mobility of elements. As to the condition of the vessel walls in recurrent fibroma he was very sure that in the primary tumors, which have been, after removal, diagnosed as pure fibromata with numerous endothelial cells along the bands of fibrous tissue, recurrences have shown a change of type to perfect sarcomata; yet the blood vessels in the first were those of connective tissue, while in the second they have the character of simple blood channels.

Dr. Hughes would like to call attention to the theory of a late German observer that all sarcomata arise from the endothelia of blood-vessels. It is then easily understood how they become generalized, the cells arising from the endothelium setting up the same change in the endothelium wherever they touch, while cells derived from other structures will have no effect. This distinction might be made between sarcomata remaining local and those becoming generalized, that the former arose from fibrous tissue and not from endothelium.

Dr. Nancrede desired to say in conclusion that he was, of course, perfectly familiar with the fact that mobility of cells had much to do with malignancy, but he felt compelled to positively deny, upon the basis of experience, the so-called fact so positively asserted by Dr. Formad that large spindle-celled sarcomata never can become generalized because, from the form of their cells, they must "stick" in the vessels. He had presented a specimen to this society some years since of the most malignant growth he had ever had the misfortune to deal with (here followed history). He believed that Dr. Formad examined the specimen, and had not then dissented from his opinion. He would relate other instances presented to this society, but further remark was unnecessary, since all other observers, except Dr. Formad, had repeatedly called attention to the special malignancy of large spindle-celled sarcomata, except in certain situations. He

would suggest that positive statements, founded on any one observer's experience, were apt to be delusive.

Dr. M. H. Fussell presented

SPECIMENS FROM A CASE OF PNEUMONIA.

The subject from whom the specimens were removed was a child æt. 7 months, with the following history:

Mother is syphilitic; was under treatment for perforating ulcer of palate at time of death of child. Had previously had a syphilitic iritis.

I had treated the child itself for snuffles and a syphilitic eruption.

On the 2d of May child suddenly taken with convulsion. He had three more before I saw him on the 3d.

At first visit, aside from a little dullness, there were nothing wrong that could be discovered. Slight rise of temperature (99.5). No eruption; no lung symptoms. Pupils were normal. He was put on iodide and bromide of potassium, and continued to have convulsions until midnight of same day, having passed through eight in all.

May 4th. Temperature normal, but nothing abnormal noted.

May 5th. Temperature had risen to 101.8; respiration hurried; a few fine rales noticed over both chests.

May 6th. Respiration 60, pulse 160, temperature 100. Physical signs of a capillary bronchitis.

May 8th. Blowing breathing noted over right chest posteriorly some dullness in same position. A friction sound was also noted. The crepitant rale was absent.

May 10th. Temperature 103. Blowing breathing and dullness over right chest, especially posteriorly. Child looked remarkably well, was bright, and took notice of parents. When sleeping he had an "expiratory moan."

May 13. Lay in stupor all day. Pulse 180, respiration jerky and 80 per minute. Died at 8 o'clock on the 14th.

Post-mortem. On opening thoracic cavity the lung had not receded, but almost met in median line. The edge of the lung was very light color.

Left pleural cavity contained a small amount of purulent liquid. Lung connected to chest wall by a recent adhesion easily broken down. Left pleural cavity almost entirely obliterated. On separating the lung from the chest wall the latter had the appearance of an abscess cavity. There was no liquid exudate in this side.

Between the base of the heart over the overlying lung was a patch of puriform membrane size of a nickle 5 cent piece. The entire right lung, with the exception of a strip half inch deep extending along the anterior edge, is consolidated.

The pleura is converted into a puriform membrane half inch in thickness—over the entire lateral part of the lung—covering a surface of about 2½x3 inches. A strip of similar membrane is along the posterior edge.

All the lobes of the lung are united by membrane. There is also a patch on the diaphragmatic surface.

On section of the consolidated portion of the lung a purulent liquid exuded from severed bronchiolis. The anterior crepitant edge was filled with a frothy liquid.

Left lung: Crepitant throughout, except a small portion of the base. Pleura converted into a thin membrane in different portions.

Pericardium: Was filled with a serous fluid—both surfaces roughened. Over the base of the heart, just under the position of membrane between the lung and the pericardium, was the seat of greatest amount of disease, as though this had been the starting point of the pericarditis.

The lower surface of left ventricle of heart was covered by a thin puriform membrane, which was easily detached.

Heart: The right ventricle filled with a chicken foot clot, which extended into both branches of the pulmonary artery. Left ventricle contained a clot, which extended down aorta two inches. Valves all normal.

The abdominal viscera were all normal.

The head was not examined.

The microscope shows the consolidated portion of lung to be the seat of a typical catarrhal pneumonia.

The alveoli are partially or entirely filled with epithelial cells.

The left lung showed a microscopic picture that might be expected in a case of capillary bronchitis.

This case interested one from both its clinical and pathological aspects.

Clinically—as to what relation the convulsions had to the lung trouble. It was not until the third day after the first convulsion that any evidence of lung trouble appeared, and until that time the patient was not apparently seriously ill between the convulsions. The lung lesion was not *overlooked* until the third day, because I had made a careful examination each visit. At first I supposed it likely the convulsions were due to the syphilitic taint, because of the absence of anything else to explain them, but the subsequent history of the case I think proved that they actually marked the beginning of the lung trouble. The entire absence of any cerebral symptoms in the progress of the case would go to prove this.

Pathologically—the case is interesting from the unusual amount of tissue involved in the pneumonic process, for it is the rule in cases of catarrhal pneumonia to have scattered patches of consolidated, instead of, as in this case, almost an entire lung. It is also interesting to trace the sequence of the lesions found. Doubtless the first trouble was a bronchitis, this was soon followed by the pneumonia, which in turn gave rise to the pleuritis. The pericarditis doubtless arose from the irritation caused by the inflamed portion of pleura overlying the base of the heart, for immediately under this spot is the seat of the greatest disease in the pericardium. Hence the disease spread both by continuity and contiguity of tissue.

Dr. Musser said that he could recall a case in some respects very similar. It was one of purulent pericarditis and pleuritis in a child aged 8 years, who had been rendered ill by exposure to cold seven days previous to Dr. Musser's first visit. In the early history there were nervous symptoms, so prominent as to lead to a diagnosis of cerebro-spinal meningitis. During the first week of Dr. Musser's attendance typhoid symptoms were marked, rapid respiration, extreme dyspnœa, rapid pulse. Purulent pleuritis was proved by the hypodermatic needle. Under stimulants the child improved, but occasional dysphagia, pulsation of the veins of the neck, evanescent and—later—persistent aphonia were noticed. The heart was not displaced. Dr. Musser did not make out the pericarditis. The child died suddenly of heart-clot. At the post-mortem pus was found in the left pleura and pericardium, and no connection or evidence of extension, such as was found in Dr. Fussell's case, was detected here. The pericardial effusion had been overlooked. What then would have been the result of pleural tapping? The amount of pericardial effusion would certainly have influenced unfavorably the withdrawal of fluid from the pleural cavity—sudden death resulting. Hence a pericardial effusion should be looked for in all cases of pleural effusion, and in its recognition stress should be laid on the non-displacement of the heart, the absence of apex beat and impulse; the presence of the pulsating veins in the neck, as well as aphonia and dysphagia, pressure symptoms arising from a large pericardial effusion.

Dr. G. DeSchweinitz presented

TWO SPECIMENS OF SARCOMA OF THE CHOROID.

Dr. William L. Norris kindly permits me to exhibit these specimens, both the patients from whom they were removed having been under his care, the one in private practice and the other in the University Hospital.

J. McT., aged 21 years, applied for treatment at the Eye Dispensary of the University Hospital three weeks ago. He stated that for three months the vision of his left eye had been gradually diminishing and for the last month the eye had been totally blind. His loss of sight was accompanied by no pain in the eye, neither did he suffer from headache or ciliary neuralgia, nor was his own general health or nutrition in any way impaired. His occupation was that of a weaver, but there was no history of injury or inflammation. He was exam-

ined by Dr. S. D. Risley and myself, and the following account is taken from Dr. Risley's description at that time:

The vision of the right eye was normal ($\frac{20}{XX}$); in the left eye there was absolutely no light perception. The pupil, under the influence of a solution of hematropia, dilated widely, but not so completely up and in as elsewhere. Using transmitted light, the eye looking directly in front, there was not the slightest reflex from the eye-ground. When the eye was slightly turned down a small area of the ordinary red reflex was seen below. Shut off above by an almost dark line, curved inward in this space, detachment of the retina was easily detected. Oblique light showed a reddish-brown mass occupying the upper and inner half of the eye-ground, coming almost to the posterior plane of iris, so near as to apparently exclude the lens. This, however, was present and not opaque. When the eye was strongly rolled down, the upper lid raised, palpation over the ball detected an area of increased resistance and density as compared with the remainder of the eye. Over this region the perforating branches of the anterior ciliary vessels were enlarged and markedly tortuous. The general tension of the ball was not increased apparently. The diagnosis of intraocular tumor was made and the patient advised to have the eye-ball enucleated. To this he consented. Dr. Norris performed the operation. The optic nerve was cut off one half inch from the ball and the succeeding hemorrhage rendered the tissue about the oblique muscles so tense as to make it doubtful, in the case of the superior oblique, whether this thickening was due to escaped blood or infiltration of the new growth. This suspicious orbital fat was removed. On section of the eye the cavity is seen to be occupied by a melanotic sarcoma growing from above and out, leaving a small space posteriorly and below with attached retina and subretinal fluid.

The second specimen was removed by Dr. Norris from a girl, aged 18. The history of the duration of the tumor is deficient. Here the new growth almost entirely filled the eye. The sections which I exhibit to-night show that the growth is composed of round spindle-cells, many of the cells of an epithelioid type, and portions of the tumor separated into an alveolar arrangement by a fine vascular structure. The tumor may be classed as an alveolar sarcoma.

The optic nerve entrance shows atrophy of the elements, but no true infiltration by the new growth. A year after the operation no return in situ had occurred.

Dr. Tyson had examined the specimen with interest, and was at first at a loss to name the growth as there were round cells of a connective tissue type, epithelioid cells and some suggestions of an alveoloid arrangement.

Dr. Formad thought that the growth should be classed as an alveolar sarcoma.

Dr. Tyson thought it an alveolar sarcoma, the sarcoma carcinomatoides of Rendfleisch and others.

Dr. Shakespeare said that the growth was a most extensive combination of epithelioid and connective tissue elements evidently springing from the choroid, leaving the hexagonal choroidal elements untouched. There was also an evidence of dilation of the blood vessels, and filling up of their lumens with detritus and perhaps, proliferated endothelial cells and leucocytes. In one portion of the growth there is a channel with perfectly formed cylindrical cells as in an adenoma or cylindrical epithelium. The fact that the patient has lived over a year since the removal of the eye free from disease would lead us to believe that the growth was benign. Whether it can be positively classed as a sarcoma was doubtful. By following around the section there can be no doubt that in the portion presented by the section the retina is not affected as the hexagonal layer of choroidal cells can be traced unbroken.

Dr. DeSchweinitz said that the retina was certainly not affected.

Dr. Shakespeare said that the non-recurrence of the growth was also against its sarcomatous nature, as the alveolar sarcoma was the one most certain of all to become generalized; besides the growth contained germinal epithelial cells.

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Editorial.

THE AMERICAN MEDICAL ASSOCIATION AND THE INTERNATIONAL MEDICAL CONGRESS OF 1887.—At the meeting of the American Medical Association, held in Washington City in 1884, a Committee was appointed to invite the International Medical Congress to hold its next meeting in Washington, D. C. The Congress was shortly thereafter convened in Copenhagen, Denmark, and in its closing sessions it adopted a resolution accepting the invitation from the American Medical Association- It adjourned to meet in this country in 1887. The Committee charged with the duty of inviting the Congress to meet in Washington was also empowered to take the necessary steps looking to the organization of the Congress. After holding several meetings and enlarging its number by the selection of a few prominent physicians, the Committee proceeded to arrange the preliminary organization of the Congress. It appointed a Chairman, a Secretary-General, an Executive Committee, a Committee on Finance, and made also the various appointments of Chairmen and members of the different sections. The rules governing the organization of the Congress and the names of the various appointees were finally announced.

The work devolving upon this Committee was of an arduous and difficult character. It was not expected that all of the appointees would give universal satisfaction. In the nature of such an organization many men of national prominence were necessarily omitted from the various positions within the gift of the Congress, whilst a few others, perhaps, were elevated who were not entitled to such honors. The selections upon the whole were good, and we were disposed to congratulate the Committee upon the results of its labors. Whilst we were conscious of serious blunders in its work we were disposed to accept it as equally as good, if not better, than any similar committee would perform.

The important features of the preliminary organization were of a character to give success to the Congress, whilst its defects were simply of a character to beget animosities, jealousies and disappointments from various men and interests which had been overlooked by the Committee. Having simply the good of the Congress at heart we were willing to condone any mistake which the Committee may have made which did not jeopardize the scientific work of the Congress. We repeat, we believe that the work of this Committee should have been accepted by the American Medical Association and by the American profession. The feelings and disappointments of embittered men and sections were of secondary importance to the interests of the Congress. The International Medical Congress is a scientific body. It has nothing to do with medical ethics, with educational factions, with sectional prejudices. It aims only to do first-class scientific work, and the men selected to hold positions in the preliminary organization were chosen out of deference to this fact. The vast majority of them were representative scientific men, widely known both at home and abroad. They were, as a rule, as well qualified for these positions as any other body of men, and there was no reason in fact why they should not thus have been honored. At the New Orleans meeting of the American Medical Association the work of the Committee on the Organization of the Congress was was bitterly assailed. In the storm which followed a motion was carried which added thirty-eight new members to the Original Committee, one member being selected from each state. This action of the Association has been extensively commented on both by home and foreign journals.

We have refrained from taking part in this discussion on the ground that its agitation was not in the interest of peace and harmony between the two factions into which the profession had been divided. The more such matters are discussed the wider the breach is made. We have waited to see the results of the work of the General Committee on the Organization of the Congress. In accordance with a notice given sometime ago this Committee assembled in the Palmer House, in Chicago, on June 28th. Twenty-five of the thirty-eight new members were present, whilst only two members of the Original Committee were in attendance. The General Committee began its permanent organization by electing Dr. R. B. Cole, of San Francisco as Chairman; Dr. J. S. Lynch, of Baltimore, as Vice-Chairman, and Dr. J. V. Shoemaker, of Philadelphia, as Secretary. A Sub-Committee of nine members was appointed to consider and report on such revision and amendments as might be deemed necessary. This Committee subsequently made its report to the General Committee. Without making any radical changes in the general plan of organization previously adopted, it so modified the original membership of the sections and committees as to recast the work done by the Original Committee. For example, the nineteen sections were reduced to sixteen by adding the Obstetric Section to the Section on Gynecology, Nervous and Mental Diseases to the Section on Medicine, and Oral and Dental Surgery to the Section on Surgery. The Chairmen of four of the Sections were changed. By these changes instead of five Chairmen of Sections being centered in New York and four in Philadelphia, the number in each of these cities is reduced to three, while the ten remaining are distributed as follows: Two in Chicago; one in Cincinnati;. one in St. Louis; one in Louisville; one in New Orleans; One in Rome, Georgia; one in Baltimore; one in Boston; and one in the Medical Corps of the U. S. Army.

To the various Sections a number of additions were made, and in several Sections one or more gentlemen were dropped. Dr. J. H. Packard, of Philadelphia, was elected *Secretary-General*, vice Dr. J. S. Billings, who declined to accept the position.

The *Journal of the Association* in commenting upon the work of the Committee says: "When the complete record of the doings of the Committee is obtained showing the names of the Secretaries and members of the Councils of Sections, it will be found that a still more general selection has been made from all parts of the country, and yet without any lowering in the standard of the qualification of those selected." "It will thus appear that the work of the Committee during its recent meeting has been, as we predicted, highly conservative and for the most part judicious."

Looking at the work of the General Committee it seems to us that it has endeavored to make but few changes, and that it has performed the disagreeable duty assigned to it by the Association in an extremely mild way. It has managed to make a few alterations in the Chairmanship of the Sections and to add a few college professors, formerly overlooked by the Original Committee, to the Sections. It has, however, performed, in our judgment, the most stupendous work of supererogation ever exacted from a body of intelligent men. We are totally unable to see how the fortunes of the Congress have been a tithe benefitted by the changes made. On the contrary it has suffered immensely in the eyes of all unbiased thinkers by this unnecessary controversy about representation on Sections and "New Code" principles. As the Congress now stands organized we much doubt its ability to attract that attention as a scientific body it was entitled to. How can those men interested in pure science feel that same interest in the fortunes of an organization handicapped with contentions for offices and ethics and weighted down with that ponderous body, the American Medical Association? It is truly an unfortunate circumstance which has happened to impair the usefulness of the International Medical Congress. Whilst we still trust that wise councils will prevail, that bitter

differences will subside, that men will consent to work together in harmony for the success of the Congress; it seems quite clear to us that the Ninth International Medical Congress cannot take the position it would have assumed under its first organization. It is an apt saying, two wrongs can never make a right. The mistakes of the first Committee, if such were made, have not been corrected by the present Committee. We fail to see how the few changes which have been made in the officers of the Congress can do otherwise than impair its usefulness and drag it down to the level of a promiscuous social and semi-scientific gathering. It is a sad commentary upon the status of the profession in America that a petty squabble for a few positions should have mared what had promised to be one of the most noted scientific meetings ever held on American soil. What view our trans-Atlantic brethren will take of this status of the Congress it is not difficult to surmise. We presume that the American Medical Association will enjoy the banquet it has prepared to its own eminent satisfaction whilst the rest of the profession will look on from a distance. We cannot but deplore the present outlook and profoundly trust that the final result will be more satisfactory than present indications would seem to warrant.

The Zoophilist on the Late Professor Panum.—We were under the painful necessity of announcing a few weeks ago the death of Professor Panum, of Copenhagen, Denmark, the able and genial President of the last International Medical Congress. Professor Panum enjoyed the distinction of being an able physiologist, which distinction he had earned by his valuable original work in this department of science. The Danish Professor was also a vivisector, and it was by means of his careful experiments on the lower animals that he was enabled to render valuable services to science. Those of us who recognize the great value of vivisection in the development of physiological research, and its high claim to the consideration of all earnest and thoughtful workers in science, are prepared to place a just value upon the observations and experiments which Professor Panum made upon the dog and other of the lower animals. Such is not the case with the editors of the *Zoophilist*, the journal of the anti-vivisection party. With a keen relish for sensationalism this journal has resurrected the following squibs and now parades them as an argument before the minds of its highly sentimental and emotional readers of the mugwumpian order. The *Zoophilist* says: "The great Danish vivisector, Professor Panum, died somewhat suddenly, after a short indisposition, on the 2d of May. He was a prominent personage in Copenhagen, having been the originator of the recent International Medical Congress in that city. Majendie, we believe, had been his teacher, and he was an intimate friend and assistant of Claude Bernard. He has recorded of himself (in *Virchow's Archiv.*, vol. 29), that he starved dogs to death when he resided at Kiel. For the first few days, he says that the animals were wont to crowd joyously to the door of the secluded room where he kept them, hoping when he opened it he had come to relieve them. In the latter days of their starvation they lay panting and could not stand. He usually killed them when the symptoms of approaching death appeared about the thirteenth or fourteenth day. Elsewhere, however, (in *Bibl. Physiol.*, 1881) he has remarked that a dog may live for four weeks entirely without food, but no one has been so successful (?) as to keep one longer alive, even by transfusion of blood."

"Of course," continues the *Zoophilist*, "Professor Panum, when he left his dogs panting in the agonies of famine on the floor of their prison (in many cases without water to assuage the dreadful thirst and fever of starvation), returned like other men to enjoy his own well-spread table, his beer, and his pipe. We have sometimes considered how, in the middle ages, it was possible for savage barons to feast in the halls of their castles, while their wretched prisoners pined under the floor in dungeon like that of Chillon, and we have said, "Thank Heaven, the

world is better now! No man could do such a thing in these days." There is, however, perhaps not so much difference as we have imagined between the brutal feudal tyrant of the twelfth century and the polished and erudite Professor of the Age of Science."

Such is the dish the *Zoophilist* serves up to satisfy the appetites of its highly imaginative readers. How slender must be the resources of a cause which feeds its readers on such a lollipop as this! Have the editors of the *Zoophilist* never heard of starved dogs ere this? Have they never seen the lean and hungry cur ekeing out the mere shadow of an existences over the garbage boxes in our cities and almost daily succumbing to the influences of climate and starvation? Why do not their souls go out in pity for these benighted animals? Ah! argues the *Zoophilist*, Professor Panum's cruelty to the poor dog belongs to the class designated "*Interested Cruelty*," viz., "the cruel person causing pain—with or without reluctance—for ulterior purposes of his own or for the benefit of third parties." It is this form of "*Intested Cruelties*" which bestirs the hearts of the editors of the *Zoophilist* and leads them to exclaim: 'In short, were we able to eliminate all *Interested Cruelties* from the wrongs of the human race and of the lower animals, we should find but a small and evanescent residue." Professor Panum's great crime consists in having starved dogs "for ulterior purposes of his own or for the benefit of third parties." It is this fact over which the anti-vivisectionists stumble. They can see no justice in punishing dumb animals to benefit "third parties." The welfare of the human race, the advance of scientific knowledge are but trifles compared to this crime of starving dogs "for the benefit of third parties." But the anti-vivisectionists claim that starving dogs has never benefitted anybody. We presume that if the fact was fully established to their own satisfaction that the sacrifice of animals had been of any advantage to the human family it could not atone for the crime of *Interested Cruelties*.

In other words, the anti-vivisection party is opposed to *Interested Cruelties*, and no argument, reason or facts will change their minds.

Parasiticides in the Treatment of Phthisis.—Since the discovery of Koch's bacillus of tuberculosis this subject has been uppermost in the minds of the profession, seeking to find some efficient prophylactic of this dread disease, and in this way give a practical value to Koch's great discovery.

Dr. J. E. Morgan, writing in the *British Medical Journal* of May 23d, refers to a Croonian Lecture of Dr. Hermann Weber on the subject, in which the lecturer gave as his opinion that it was useless to seek after parasite-killing remedies which will eradicate the tubercular bacillus from the system after it has once gained a foothold there, for that none can be found, which given in efficient doses, will not injure the last as well as the parasite. The latter lies protected within the tissues and secretions of the lungs, and antiseptics are comparatively useless. In fact, the mischief is then done. But, on the other hand, where there is merely a predisposition to phthisis, whether hereditary or acquired, where also the social and climatic conditions for its diffusion are favorable, and where healthy persons are from necessity brought into close and almost continuous contact with those affected with the disease, then antiseptics may be found of great value as a prophylactic of phthisis. In support of his opinion Dr. Morgan calls attention to the very noticeable immunity from tubercular disease which exists with the so-called "crofters" which inhabit the northwestern highlands and islands of Scotland. These people are very hardy and long lived, yet they live in what would seem to be at first sight very unhygienic conditions. They dwell in small cabins or "bothies," as they are called, in many instances sharing the roof with their cattle. Oftentimes the air is reeking with impure inhalations from the numerous inhabitants of the cabin. These cabins are heated by peet-fire, and kept constantly burning in the centre of the floor. The luxuary of a chimney is unknown, so the smoke, after permeating

every nook and corner of the dwelling, finally finds an outlet in one corner of the roof. The atmosphere which is breathed day and night is so pungent as to cause, at times, great irritation of the eyes and nostrils. Yet it is due to this constant inhalation of peet smoke that the singular immunity from phthisis is to be attributed, as Dr. Morgan showed many years ago in a paper published in the *British and Foreign Medico-Chirurgical Review* of October, 1860. He says that having been attracted by this striking immunity of these people he was led to make his investigations. The peet smoke is rich in many antiseptics, as tar, creasote, tannin, together with many valuable oils and resins, forming a richly provided antiseptic atmosphere. He further ascertained that this immunity from phthisis lasted only so long as the smoky huts were occupied. Those who migrated to other parts of the country and occupied chimnied houses became liable to tuberculosis to the same extent as their neighbors; and after the infection has been once established in their systems a return to their former highland homes and the smoky "bothies" would not check the disease. The fumes of the peet-fire acted as an efficient prophylactic but was useless as a curative agent.

These facts are significant to say the least; and it is Dr. Morgan's opinion that in the course of time a system of aërial fumigation will not only assist the physician in warding off disease—but may enable the surgeon to simplify his of means of applying antiseptics in the treatment of wounds and in the practice his art in general.

Miscellany.

The Etiology of Goitre in England. —Dr. Thursfield recently read a paper on the Etiology of Goitre in England before the Society of Medical Officers of Health. (*Lond. Med. Times*). Sometime ago he had been called on to enquire into the causes of an epidemic of goitre in his district. The fact of its occurring as an epidemic in a locality where no change whatever had taken place in the water supply casts doubt on the generally accepted views as to its etiology. The enlargement of the thyroid gland which constituted goitre consisted in simple expansion, hypertrophy of tissue or vesicular distention or a combination of these, and was the consequence of a persistent abnormal blood-pressure, or increased functional activity of the gland, or both together. The primary causes were (1) climatic, (2) physiological, including sex and heredity, (3) industrial, (4) dietetic, (5) neurotic and strumous diathesis or any two or more of these combined. (1) *Climatic.*—Whatever might be the case elsewhere, in this country goitre was not endemic at elevations less than a thousand feet. Diminished atmospheric pressure combined with the efforts of climbing hills would tend to increase the natural distensibility of the thyroid. (2) *Physiological.*—Little was known of the functions of this gland, but they seemed to be mechanical and physiological, the latter concerned with the metabolism or disintegration of red blood cells, the former with the relief of arterial pressure, cerebral or uterine. Goitre was far more frequent in females, but did not first appear at puberty, as was often said. It was more frequent in childhood, often subsiding with the advent of menstruation, though if it failed to do so, medical advice was then first sought. It often increased during pregnancy or catamenial irregularities. It was also decidedly hereditary. (3) *Industrial.*—The habit of carrying weights on the head acquired in early life by the females in the colliery districts, and practiced by them for every purpose, he had no doubt whatever was greatly conducive to the development of goitre by the great strain it put on the vessels of the neck, increasing the flow of blood to the head and impeding its return. In one district, formerly notorious for goitre, it was now rarely seen, the only change in the habits or surroundings of the people having been the discontinuance of this practice. (4) *Dietetic.*—The fact that every kind of water had been incriminated seemed to him presumptive against water being in any important degree a cause of goitre, though he did believe that when iron

pyrites, an insoluble salt, coming in contact with certain calcareous and magnesian waters, was transformed into the easily assimilated carbonate, it might favor the production of a hyperæmic condition tending to goitre. Endemic goitre was certainly on the decrease in England, and so was the practice he had mentioned of carrying weights on the head, partly from the less amount of female labor in the mining districts, and partly from general use of pails with handles for carrying water; but as to sporadic goitre, as met with among the stumous and neurotic inhabitants of towns, it was the belief of some that it was more frequent than it used to be. On the theory that goitre was mainly a circulatory disease, and dependent to a great extent on atmospheric conditions, its connection with cretinism was easily understood, and if these influences acted on a highly strumous constitution, goitre and cretinism might be induced in the same individual.

A Lotion for Fœtid Perspiration of the Feet.—Martin (*Bull. Gen. de Therap.*) recommends the following solution:

Permanganate of potassium	15 grains.
Thymol,	30 "
Distilled water.	30 ounces.

Inner soles made of filtering-paper, cotton, or some like material, are to be moistened with the solution, and new ones should be used every morning.—*N. Y. Med. Journ.*

Mechanics and Statistics of Scoliosis.—Under this caption Prof. A. G. Drachmann, of Copenhagen, in the *Berlin Klin. Wochschft.* of May 4th, gives some interesting results of a study of over 2,000 cases of this affection, coming under his immediate care in the past orty years.

He regards the primary morbid profcess in this vertebral distortion as undoubted displacement of the pulpy centre of the intervertebral substance, and that the *torsion* which follows is due to the over-action of the surrounding soft tissues.

He divides the cases into dorsal scoliosis and lumbar scoliosis; mentions the secondary compensatory lumbar or dorsal curvatures, and shows how difficult it might be to judge to which class a case belongs if the patient should present himself after the compensation had occurred. He differentiates in this manner: The subjects of dorsal scoliosis, roughly speaking, those with a history of sudden, rapid growth, are tall and slim, have a protuberent abdomen, a narrow pelvis, a yielding osseous structure, a weak muscular system, and a development of the entire body comparatively below the normal.

In addition, these cases are frequently united with general debility and anæmia. There is a constant tendency to posterior curvature in varying degree. The affection may be hereditary.

Lumbar scoliosis, on the contrary, may occur, apparently, in the healthiest individuals (especially girls), and requires no peculiar diathesis of system for its development. There is a diminution or even disappearance of the lumbar deformity on placing a pad under the appropriate foot on standing, or mats when sitting—a method which has no effect upon the dorsal trouble. The lumbar affection shows no tendency to kyphosis, is not inherited, and, most important, may be curable when present, even in the highest degree.

Rare exceptions to the two classes named are those in which the entire spinal column is included in one large curve, are attributed either to arrested development of one side, or, in reality, to beginning dorsal scoliosis.

When, as likewise rarely happens, there is simultaneous development of lumbar and dorsal bowing, or of posterior and lumbar curvatures, the above-mentioned *pad* suffices to show the originating factor.

Careful search of the literature of this subject shows its statistics to exist in only a very crude form. The Danish ministry of education ordered an examination of some 30,000 scholars, and it was shown that 13 per cent. of the number labored under some variety of the deformity; also, that it was present in 3.9 per cent. of the entire number of sick children. As to sex, 93.35 per cent. were females, and only 6.57 per cent.

males. There were found 1308 scoliotic children, of whom

624	labored under	Left-sided	Lumbar	Curvature.
553	" "	Right "	Dorsal	"
103	" "	Left "	"	"
28	" "	Right "	Lumbar	"

Taking these cases, and those occurring in his practice, he concludes that—

The sexes retained much the same susceptibility throughout the various forms.

The development of scoliosis and its relationship to puberty is merely that of coincidence, and not of cause and effect.

The normal difference in the length of the lower extremities in the same individual may or may not originate scoliosis. It is, therefore, of lesser diagnostic value than usually held.—*Polyclinic*, June 15, 1885.

The Therapeutic Properties of Thyme.—Camperdon concludes a long article on this subject with the following deductions:

1. In therapeutical doses (three to fifteen grains) the essence of thyme causes mental excitement or stimulation; hence, it is a valuable diffusible stimulant in depression following anæmia, in conditions of collapse, etc.

2. It is an active diaphoretic and diuretic.

3. From its direct action upon mucous surfaces it is to be recommended in catarrhal affections of the respiratory and genito-urinary tracts.

4. It is a prompt hæmostatic.

5. Thyme possesses powerful antiseptic properties, and it is well adapted for use in surgery.

6. It is recommended that the internal administration of the drug be supplemented by its employment in the form of baths, fumigations, and inhalations. —*Midland Medical Miscellany.*

Osmic Acid in Sciatica.—We have before, on one or two occasions, called attention to the use of osmic acid in sciatica and other forms of neuralgia, and the favorable results which have been noticed by various physicians have been confirmed by Mr. James Merces (*Lancet*, January 10th, 1885). He states that he has given osmic acid a trial in eighteen cases which had resisted all other known modes of treatment. In twelve cases he succeeded in giving them an absolute relief for a period of three weeks, when he lost sight of the cases, the patients having left the hospital. In six cases he gave temporary relief, though the comfort obtained by its use was greater than that which followed the hypodermic injection of morphia. He used a one per cent. solution, injecting three to five minims of the solution deeply over the sciatic nerve at a point midway between the tuber ischii and trochanter major. It produced no constitutional effects, but locally at the seat of the puncture the patient invariably complained of a numb feeling, which, however was transient.—*Ther. Gaz.*

An Excipient for Potassium Permanganate Pills.—A correspondent of the *Deut. Med. Zeitung* recommends vaseline 2 parts, paraffin and white wax of each 1 part, to be melted together, and three parts of white bole to be added to the mixture when cold. The potassic permanganate, previously well powdered, is then added to the mass. The pill machine should be made of horn or wood. —*Lond. Med. Times.*

Treatment of Habitual Abortion. —A writer in a Russian medical journal advocates the use of iodide of potassium in habitual abortion, even when there is no evidence to be obtained of a syphilitic taint. He mentions two cases in which he gave it successfully in five grain doses three times a day, the movements of the fœtus and the sounds of the fœtal heart, which were very weak, becoming more distinct under its use, but decreasing again whenever the iodide was intermitted.—*St. Petersburgh Medical Wochenschrift. Lond. Med. Times.*

Irritable Heart.—In a case of excessive irritability of the heart, in which the pulsations numbered 180 per minute, Prof. Da Costa prescribed—

℞. Digitalis, gr. j.
Extract belladonnæ, gr. ½.
M. Sig.—In pill form, ter in die.
—*Col. and Clin. Record.*

General Principles of Therapeutics in the Diseases which are Peculiar to Children.—Vinray Carreras (*El Progreso Ginecologica*, Feb. 10th) says:

Therapeutics in the diseases of children should, of course, be governed by the condition of the patient, but certain general principles should always be borne in mind; children will tolerate certain drugs more readily than adults, and, on the contrary, certain other drugs, for example, calomel and opium, are not well borne. Absorption occurs very rapidly with children; hence the action of certain substances, such as cantharide must be very closely watched. Local or general blood-lettings are usually not well tolerated. Narcotics or irritants should be only when their use cannot be avoided. The stronger alkaloids and hydrocyanic acid should not be used at all in the earlier periods of life. It is not a good plan to combine a number of very active agents in the same formula. A rational empiricism is occasionally much more effective in the practice of pediatrics than vigorous adherence to scientific theories. The dose and the form of the medicine should be such, as far as is possible, that a sick child will take it without repugnance. Pills and gargles are, of course, unsuited to infancy. Lotions are indispensible in treating children. A well-ordered hygiene will prevent many forms of sickness, and is as important in pediatrics as therapeutics. The indications should be carefully studied, and when these are manifest one should act with decision, rapidity, and energy. It is not always prudent to use force in those cases of obstinacy which will not yield to gentleness.—*Arch. of Pediatrics.*

Notes on the Treatment of Bronchitis in Young Children.—It is premised that the same general rules apply to the treatment of all serious lung inflammations in children; depletion being usually unsatisfactory as to its results, antimony and veratrum viride also being unsuitable in most cases, while leeching is occasionally admissible at the beginning of an attack. A jacket-poultice of flaxseed meal, with a small quantity of mustard, and covered with oil-silk, is highly approved, and may be continued in position twelve hours or more. Ammonia salts may be given internally, but should be repeated frequently, as their effect is transitory. Oil of eucalyptus, oil of turpentine, and syrup of garlic are very useful in the later stages of the disease. Milk punch, quinine, and digitalis are usually indicated for tonic and stimulating purposes. In suffocative catarrhal bronchitis, especial stress is laid upon the value of hot and cold water, dashed alternately upon the chest, and followed by immersion into very hot water.—*Ther. Gazette.*

Kairine and Antipyrine.—Dr. Grasset says (*Rev. Mens. des Mal. de l'Enf.* [from *Sém. Méd.*, Jan. 7, 1885], Feb.)

If quinine, cinchonine, quinidine, strychnine, and some other natural alkaloids are burned with caustic potash, acrid vapors are disengaged which condense in an oily, alkaline liquid, called by its discoverer, Gerhardt, quinoleine. From this substance Fischer has obtained a series of derivatives, to which antipyretic properties have been attributed by Filehne, who has experimented with them. The most decided antipyretic of the series is kairine. Another derivative has been isolated by Knorr, under the name of antipyrine, with which experiments have also been made by Filehne. Both substances are very soluble in water. Filehne gave from thirty to fifty centigrams of kairine every hour or half hour. When the dose is increased to a gram the intervals must be at least two hours each. With weak or feeble patients the dose should not exceed six to twenty centigrams every hour. As to antipyrine Denux uses a solution which consists of antipyrine twenty-five grams, alcohol fifty grams, syrup of orange peel two hundred grams, distilled water one hundred and twenty-five grams. The dose is from three to seven grams three times daily, at intervals of an hour. Thirty to fifty centigrams of kairine, given every hour and a half to a patient with fever of moderate intensity, caused lowering of the temperature at the first dose of from one-half to two degrees (C.);

after the third or fourth dose the temperature becomes normal. The fever begins to abate from twenty-five to fifty minutes after the first dose, and two hours and a quarter after the administration of the drug has been discontinued its effect appears to be exhausted. The action upon the pulse is parallel with that upon the temperature. Two grams of antipyrine three times daily, at intervals of one or two hours, will cause the fever to begin to abate within an hour from the time of taking the first dose, and this declension will reach its maximum about five hours after the beginning of the medication. This declension will last, on an average, for eight hours. Denux has observed, however, that after the apyrexia thus induced, a temperature more elevated than before may follow. As the temperature descends, after kairine has been used, abundant sweating occurs, but this ceases after fresh doses of the medicine have been given. There may also be vomiting, itching at the nose, dryness of the throat, headache of the frontal variety without vertigo, cyanosis and chilliness of the extremities. Antipyrine is usually well borne; vomiting occurs with its use in some cases. It shows no accidents on the side of the nervous system. At times there may be an exanthema accompanied by general symptoms, profound sweating, etc.—*Arch. Pediatrics.*

ACTION OF THE BALTIMORE MEMBERS OF THE INTERNATIONAL MEDICAL CONGRESS.—In consequence of the dissatisfaction caused by the recent action of the new Committee on the Organization of the Ninth International Medical Congress, the subjoined paper has been signed by those whose names are appended.

[COPY.]

WHEREAS, The new Committee on the Organization of the Ninth International Medical Congress at its recent meeting held in Chicago, made such changes in the arrangements for the Congress as, in our opinion, will mar its success and will prove injurious to the interests of the medical profession, it is therefore

Resolved, That we, the undersigned, disapprove of the action of the Committee, and decline to accept the positions to which we have been appointed under it.

RICHARD MCSHERRY, F. T. MILES, CHRISTOPHER JOHNSTON, ALAN P. SMITH, I. E. ATKINSON, H. P. C. WILSON, JOHN N. MACKENZIE, SAMUEL THEOBALD, L. MCLANE TIFFANY, WILLIAM LEE, S. O. CHEW, JULIAN J. CHISOLM.

Medical Items.

Reports from all points in Spain in which cholera exists, show that the total number of new cases of cholera on July 6th was 1,700 and of deaths from the disease 797.

Our valued contemporary the *New Orleans Medical and Surgical Journal* comes out in its July issue in an entirely new outfit of paper, type and binding. The appearance of the *Journal* is vastly improved by the renovating process to which it has been subjected. This journal is now owned by an association of physicians which seems determined to publish a periodical worthy of the profession in the far South. The *Journal* has always been a credit to the city of New Orleans, but we bespeak for it far greater usefulness and influence under its present active and efficient management.

POEM OF THE OCCASION.—The following has been sent us by a delegate:

There was once a great medical meeting
To arrange to give Europe a greeting;
Said they all, Well, we guess
We can kick up a mess,
So each one for his State (College) began bleating.
—*Med. Record.*

All the physicians from Philadelphia who held positions in the International Medical Congress, as originally constituted. have declined to hold any office whatsoever in connection with the Congress as now proposed to be organized.

The Kentucky State Medical Society, which met in Hustenville on June 24, 25 and 26, has elected the following officers for the ensuing year: President, J. P. Thomas, M. D., of Pembroke; Sr. Vice-President, O. D. Sharley, M. D., of Winchester; Jr. Vice-President, R. C. McChum, M. D., of Lebanon; Permanent Secretary, J. Steel Bailey, M. D., of Stamford; Librarian, J. L. Taylor, M. D., of Warren Co. Winchester was chosen as the next place of meeting; time, the last Wednesday in June, 1886.

Dr. M. A. Starr, of New York, has been made a Professor of Disease of the Mind and Nervous System in the New York Polyclinic.

A French method of administering castor-oil to children is to pour the oil into a pan over a moderate fire, break an egg into it, and stir up; when it is done, flavor with a little salt or sugar or currant jelly.—*Med. Record.*

Miss Hai-mé King, a native of China, received the degree of M. D. at the commencement of the Woman's Medical College of New York on May 29th.—*Med. Record.*

The City Council of Chicago has appropriated $100,000 as a special fund to be used by the Health Department for improving the sanitary condition of that city. Of this sum $12,000 is to be expended towards increasing the force of inspectors, by which 50,000 houses will be inspected before September 1st.

Among the changes made by the New Orleans committee of the American Medical Association on the International Medical Congress are the following for Baltimore: Prof. J. S. Lynch has been made Vice-Chairman of the General Committee, and a member of the Executive Committee; Prof. Thomas Opie has been added to the Section on Gynecology and Obstetrics; Dr. J. N. Mackenzie has been made Chairman of the Section on Laryngology, vice Dr. Lefferts, of New York, removed; Prof. T. S. Latimer has been added to the Section on Physiology; Prof. O. J. Coskery has been added to the Section on Surgery, and Prof. Geo. H. Rohé has been added to the Section on Public and International Hygiene.

The following gentlemen were removed from all official connection with the proposed International Congress: Drs. A. L. Loomis, R. F. Weir, A. Jacobi, T. Addis Emmet, C. R. Agnew, P. F. Mundé, A. H. Smith, C. S. Bull, H. Knapp, D. B. St. J. Roosa, S. Sexton, Allan McL. Hamilton, L. Johnson Ripley, Wm. H. Draper. Some of these gentlemen are pronounced "New Code" men, and it is presumed that this is the only reason which can be assigned for their removal.

The Democratic State Central Committee of Maryland contains in its membership no less than twelve physicians.

Dr. Abram Claude has been nominated by the Democrats of Annapolis, Md., for the position of Mayor of that ancient city.

Dr. Uriel Terrell, one of the most venerable physicians in the State of Virginia, died at Orange C.H., Va., on July 13, at the age of 94. He was a member of the convention which nominated Henry Clay for President and was a survivor of the last class taught by Dr. Benjamin Rush. Dr. Terrell has always taken an active part in State and National politics, and has served several times in the State Legislature. He attended the last National Democratic Convention which nominated President Cleveland.

In the re-organization of the various sections and committees of the International Medical Congress by the General Committee, which recently met in Chicago, the general profession of Baltimore was singularly overlooked in the distribution of the much coveted prizes, whilst no less than five appointments were made from the Faculty of the College of Physicians and Surgeons of this city. We suppose this was done to neutralize the influence of the University of Maryland, which had been so highly favored by the Original Committee in its organization of the Congress. Surely it looks as if the fortunes of the Congress were being molded in the interests of teaching institutions. Certain it is the profession at large is not responsible for the present muddle of its affairs.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from June 30, 1885, to July 6, 1885,

Captain Valery Havard, Assistant Surgeon. Assigned to duty at Fort Wadsworth, New York Harbor.

First Lieutenant M. C. Wyeth, Assistant Surgeon. Assigned to duty at Fort Wayne, Michigan.

Captain F. C. Ainsworth, Assistant Surgeon. Relieved from duty at Headquarters Department of Missouri.

Captain B. D. Taylor, Assistant Surgeon. Assigned to duty at Little Rock Barracks, Arkansas.

Original Articles.

SURGICAL TREATMENT OF INFANTS*.

(*Concluded.*)

BY DE FOREST WILLARD, M. D.,

Lecturer on Orthopædic Surgery, University of Pennsylvania, Surgeon to the Presbyterian Hospital, etc.

Simple *umbilical* and *inguinal hernia* should receive early attention as, contrary to the rule in adults, a cure can often be effected during the first year of life by the persistent use of a truss. In young infants, I prefer the hard rubber variety as more cleanly. The instrument should be applied during the first few weeks of life and continued for one or more years. The treatment of strangulated hernia does not differ from that of the adult, but in obstruction of the bowels, *intussusception* is so commonly the cause of the blockade, that unless violent peritonitis is present, laparotomy with careful search for the invagination, offers the best hope of relief, and I am glad to say is rapidly growing in favor.

Meningocele, *encephalocele* and *spina bifida* are complaints that will early require the surgeon's attention, or at least his expression of opinion and his prognosis. If attached by means of a narrow pedicle, constriction with an elastic band is feasible, but unfortunately this pedicle is but seldom found. Injection of iodine, following tapping is rarely successful, yet is worthy of trial in so hopeless a task. In a large hydro-rachis of the lumbar region, lately under my care, which resisted pressure, tapping, injection and constriction, I was strongly inclined to excise the thin sac and attempt a plastic operation by drawing in toward the median line, two flaps of skin from the lumbar region, leaving the vacancies to granulate. Soon after a consultation, in which I was dissuaded from my attempt, the tumor ruptured spontaneously and death occured in two days, although frequent tappings had never produced any nervous symptoms, I had then never seen a record of such a plan of procedure, but only last week I noticed in the *Journal of the American Medical Association*, Vol. iv., No. 17, p. 466, that Mr. Robson had performed this operation with successful results in two out of four cases. Strict antisepsis was enforced.

Cephalhæmatomata are usually easily distinguished from encephalocele or meningocele and also from the simple tumor, caput succedaneum, the latter being exterior to the periosteum and more doughy. The blood in a cephalhæmatoma is always confined between the pericranium and the bone substance, and increases until the second or third day. The hardened ridge around the border of the tumor may give the sensation of an opening in the bone, but the orifice in meningocele is rarely as large as the base of the swelling mentioned. The peculiar crackling feeling upon pressure at a later period is due to the new bone deposits beneath the periosteum. Absorption so generally take places in three or four weeks that aspiration or incision is unwise, even though antisepsis be thoroughly practiced, unless in exceptional cases when suppuration is certainly present. Lotions have a good influence at least upon the brain of the mother.

Hare-lip will early require the careful study of the surface situated as it is upon the portion of the body that is most regarded in the cosmetic point of view. Its proper relief therefore becomes not only a matter of surgical skill, but of surgico-artistic skill. The time for the performance of the operation is a point upon which there is a wide diversity of opinion. My rule is to relieve the deformity within three or four days if it interferes with the proper nursing of the child. Practically I must confess, however, that by the end of the operation the milk has left the mother's breast, unless there is some other baby to maintain the flow. My preference is to wait about three months until a full, vigorous activity of growth and cell section is at work and before the presence of dentition has commenced. This period is selected not only for the reason mentioned,

*Read by invitation before the Philadelphia Obstetrical Society, June 4, 1885.

but also because the child can not use its hand as freely as at a later period of infancy, thus avoiding risk of injury, In one patient, a year old, diphtheria appeared on the day following the operation, and in his convulsions all the pins were twice torn entirely from their position fastenings and the fresh wound became implicated. In spite of such complication, an excellent result was obtained by holding the parts in position for days with adhesive plaster cut in the form of a triangle, sufficiently large to cover at its base the area from in front of the ear to the corner of the hyoid bone, with its apex prolonged at the width of the upper lip to meet a similarly shaped piece from the opposite side. These sections were united by a small elastic ring which maintained a constant pull upon the tissues of the cheek and controlled spasmodic muscular action. In fractious children, I have now abolished pins and have substituted catgut sutures for the mucous surfaces which, if of small size, and tied in three knots, will remain in position until union occurs. For the skin edges, I use carbolized interrupted silk sutures, my reason for stitching the surfaces separately being that there is less linear depression of the cicatrix and less constriction of tissues is thereby exercised than by pins and figure of eight, while if each set penetrate half way through the lip antero-posteriorly, the sphincter is thoroughly controlled. One of the stitches should pierce the coronary arteries. To prevent any pouching of the flaps or separation of the deeper parts by oozing, horse hair drainage for a few hours answers the best purpose. Additional control of muscles should be given by adhesive plaster prepared as above indicated or by strips, which should not only be applied transversely, but in order to prevent strain, should commence upon the neck on either side, in front of the sterno-mastoid, near the cornu of the hyoid, and run thence just above the angle of the mouth across the opposite malar to the front of the ear. If these are all put in position while the surgeon pinches the cheeks well together, he will find upon releasing his grasp that the minimum of tension is exerted upon the stitches. A still better plan is to have the nurse regulate this muscular action for the first few days, by pressure whenever the child cries or eats. Only by securing union by the first intention can we hope to have a narrow cicatrix, hence I do not allow the child to suck, as is the practice with some surgeons, but prefer spoon feeding as producing less disturbance. For the same reason, anodynes should be employed to control pain and keep the little one for a few days in a quiescent state. The child should be in the best possible condition physically as quick union is desirable. To avoid the marginal depression so commonly seen and which is inevitable if the simple inverted V-incision is used, I never sacrifice any portion of the paring, but commencing the incision at the apex of the cleft, it is stopped just before it reaches the border of the lip, thus leaving a base of supply to nourish the flap which remains on either side. These two flaps, when the parts are brought together, project downward and form a fleshy prominence, but if stitched nicely together will unite, and from subsequent absorption during the next year will give a slight projection. Even should this be larger than desirable, it is far preferable to the ugly notch which cannot be corrected, since a simple scissor cut will remove all redundancy and give a nearly normal lip. The same rule in regard to utilization of tissue holds in complicated cases of hare-lip when it becomes necessary to save as much of the alveolus as possible. Broken or cut, it can often be worked to advantage in bridging the chasm or supporting a fallen nasal septum.

If *cleft palate* co-exists with hare-lip, an additional necessity for early treatment is present, since the closure of the lip will tend greatly to lessen the gap in the hard palate. Dentists realize more fully than surgeons how slight is the pressure required to act upon the tooth or upon the alveolar process, but a moment's reflection will convince any practical man that such narrowing canbe accomplished even if he has never witnessed it. In these instances, as in hare-lip and many other deformities, neglect is

often as much the fault of the physician as of the family. An early operation upon the lip, strong pressure upon the maxillary bones, followed by the use of a Hainsby's compressor, will, in a few years, bring the cleft so closely together that a single operation will unite the edges.

These are the considerations which influence me in advising that while the lip should be closed early, the cleft-palate operation be deferred until the plan has been tested. Few children from five to ten are tractable enough to endure the pain of a staphylorrhaphy without ether, which is desirable, and I see no particular harm in delaying the procedure until the latter period, save that the unused or malused muscles will require a longer period of education after closure. In a recent staphylorrhaphy upon a boy of sixteen, the letters of the alphabet could, however, all be correctly pronounced in three weeks except the k and c sounds. If a good velum and uvula can be secured by union, the hard palate can be admirably assisted by an obturator.

Only last week, by preliminary touching and the use of cocaine, I was able in a child of five years to make the parings without pain, and thus avoided anæthesia until hemorrhage had ceased. Ether being employed for stitching only.

Tongue-tie is a condition that exists more frequently in imagination than in reality, yet the operation for its relief need be no more than the most trifling nick of the frænum, the finger completing the work. If the organ can be protruded to the red border of the lip no operation is necessary.

Club-foot is a deformity which is frequently neglected, not alone from the apathy of parents, but as is shown by the cases which come under my notice, far more frequently from the incomprehensible advice of the family physician who has counseled that nothing shall be done for the present. Weeks slip away into months and months into years, during which time one set of muscular fibres and one set of ligaments have become elongated, while the opposite ones are atrophied, condensed and shortened. Bones too have become distorted and wedge-shaped and the difficulties have, of course, increased four-fold with each advancing year. I have never been able to comprehend any reason why delay should be countenanced a single day after birth, since manipulation and subsequent fixation can easily be accomplished at the first dressing of the child. I know of no words sufficiently strong to characterize such neglect of duty as is seen in numerous instances. Twice in the last three days have I had this matter brought before me by parents, who have come to the office and who have given as the reason of their inaction that the physician had directed them to wait. Even before the age for walking great condensation of tissue will take place and increase of deformity will occur from simple pressure of clothing, but as soon as the weight of the body is brought to bear upon these misshapen members the change will be rapid. The secret of cure of club-foot lies not in operation, but in careful attention to all the means of relief. At the first hour of birth, as I have said, manipulation should be commenced by bringing the foot from the abnormal into normal position, or as near it as possible, and confining it there by wood, felt, binder's board or leather splints rightly adapted. At the next visit, leather, gutta-percha or preferably printer's blanket cinctures should be laced upon the foot and leg and connected by an elastic strap. The two-ply printer's blanket with its rubber face does not slip even when applied with only moderate tightness, thus being superior to other materials. Hook eyelets are easily inserted by any shoemaker and the lacing need not impede circulation. Manipulation can be practised twenty times a day without taking off the apparatus, while removal at night gives opportunities for massage, friction, &c. If co-operation of parents is wanting plaster of Paris can be employed with excellent advantage for fixation, a gain being effected with each month's renewal of the dressing. Leather, felt, sheet-lead and silicate of soda are of use, but do not permit removal for manipulation, and are therefore inferior to the bands already mentioned. These bands,

which permit of constant elastic traction day and night, are very inexpensive if remnants are bought. Their use puts the successful early treatment of any case of talipes in the hands of the ordinary practitioner for the first few months of life. In cases which are of a severe type, a subsequent operation is usually necessary, but the manipulation which has been practiced up to the time for tenotomy, stretches condensed tissues and increases nutrition so that relapse after division of the tendons will not occur, if the same measures be continued subsequently. Failure after tenotomy is nearly always due to the neglect of manipulation. The special form of apparatus is far less important than a strict attention to details. The chief advantage of the shoe which I employ lies in the fact that it permits manipulation and stretching without removal, owing to its flexible sole, shank of upper leathers, which act as perfectly as a ball and socket joint, the force being exerted by an elastic strap operating upon the foot through a catgut cord passing through an eye attached to the upright. The eye-bearing arm is ordinarily constructed with too little outward bend. If I can control the patient, I rarely operate until I have the tissues thoroughly stretched, but if the foot cannot be placed upon its plantar surface at eight or nine months, that is, when the age of walking arrives, tenotomy should be delayed no longer, since each step will increase the deformity. In operating I divide every tissue that interferes with perfect straightening, whether it be tendonous or fascial. The tendon of the posterior is an exceedingly difficult one to sever in a fat infant with poorly developed heel. The puncture should be made just below the malleolus, and having placed the back of a tenotome toward the artery, division can be safely made. Tenotomes as found in the shops have too long a cutting surface for infantile work, as the sharp edge will frequently enlarge the external wound unnecessarily. It is my practice to leave the tendo Achillis until the end of the operation in order to gain its fixation power in the leverage required for stretching the parts into position, a procedure which is best accomplished at the time of operation. The amount of power which should be employed in this process, is governed by the degree of resistance and the caution of the surgeon, especial care being taken that the force be expended only on the resistant tissues. In the class of cases with which this paper deals, namely, young infants, it is scarcely possible that tarseotomy could be called for, although an English surgeon has thus operated upon a sixteen month's old babe. I now use the gypsum dressing entirely after tenotomy, since it is not only less expensive, but chiefly because it holds the foot and heel in much better position than is possible by any apparatus, and is less liable to produce sloughing since the pressure is exerted over the entire surface. The instances where plaster produces a slough are always due to faulty application, mainly caused by some indentation produced during the setting process. If the bandages are smoothly and rapidly applied, (salt having been added to the water in which they are immersed), the surgeon can by grasping the knee hold it steadily in place, while with the palm of his other hand placed against the plantar surface of the child's foot, complete rectification can be maintained until the plaster hardens without danger of depressing any region of the cast. A dossel of curled hair or cotton placed over the ball of the great toe and the prominence of the cuboid or astragulus and confined in position by the flannel bandage enveloping the foot, will also assist in averting any harmful pressure.

I cannot too strongly emphasize my appreciation of plaster of Paris in the treatment of *fractures* in infants, giving, as it does, a perfectly adaptable material and yet, when hardened, securing an immobility of the injured parts that permits free handling, provided the articulations both above and below the injury are included in the dressing. This is feasible even in fractures near the hip, since the splint can be made to circle the thorax and thus prevent the great motion that is always present if only the pelvis is fixed. No risk of injurious swelling need be feared, if a flannel bandage or

a thin layer of cotton, is first applied to the limb. It is better to saw open a dressing at the end of two weeks and either tighten it or apply a new one. Silicate and other rigid dressings harden so slowly that displacement may occur during the process. The fractures occurring during birth are often overlooked for several days, and the fact that the child moves a particular portion of its body freely is not proof that lesion of bone has not occurred. I have seen several instances of fractured clavicle in which the child indulged in most vigorous movements of the arm. These collar bone breaks are quite common either from falling out of bed or from careless handling, or from the playful jerking of other children. The under-waist of an older child placed in proper position over the well arm and pinned tightly around the body so as to include the injured member, often keeps in place better in fat babies than a Velpeau bandage, especially if the hand is secured with a loop. Borated cotton should be placed in the axilla.

Green-stick fractures are best treated by etherizing the child and slowly straightening the bone by hand pressure. Even should complete solution occur, the result will be good. A slight curve can be reduced by splint and bandage. Separation of epiphyses are practically fractures and should be treated as such.

Dislocations do not differ from similar injuries in adults, save that they are even more readily replaced by manipulation.

The resultant deformities of *infantile paralysis* are numerous and are frequently passed over by both physician and parents, under the erroneous impression that nothing can be done for the relief of these poor weakened members. Recognizing that restoration is best accomplished by massage, electricity, &c., and particularly by action, it is my rule never to assist a muscle if it is capable of permitting locomotion, or unless deformity is being produced by non-support. The following are the considerations that determine the necessity for apparatus. If a bone is bending, or an articular surface becoming distorted, or a ligament yielding, or muscles becoming atrophied from excessive stretching, or if by applying a support, the child can be made to walk, then I always order an apparatus which shall not take the place of the enfeebled muscles or put them in splints at rest, but which shall render just enough assistance to enable them by hard contraction to accomplish the desired purpose. If rigid steel is used, they will soon relinquish their attempts at assertion of power and enfeeblement will increase. By a judicious adaptation of mechanical appliances, many who are now condemned to chairs and beds can be placed upon their feet. The advisability of tenotomy will depend upon the benefit to be gained by such a procedure. In many cases it will assist greatly in placing limbs in proper position for locomotion and for this reason its mechanical effect should be thoroughly studied. My observation leads me to believe that it is employed too seldom. The excision and shortening of the tendons by suturing is often of advantage. Any irregularity in the length of limbs should be counteracted lest lateral curvature result.

Nævi, if situated upon exposed portions of the body, must be cured early in life if rapidly increasing in size, and in the majority of cases should be attended to before six months is reached. The question of excision, ligature, subcutaneous ligatures, injection, electrolysis or sun-heat, will depend upon situation, size, &c.

Webbed fingers and supernumerary toes and fingers will yield smaller resultant scars, if operated on during the first half year of life.

Wry-neck may follow injury to the spinal accessory nerve during labor, or it may be found as a result of some of the exanthemata. If resistant to local constitutional remedies, myotomy should be performed at the end of a year.

Spinal caries in young children can be retarded by placing the sufferer upon its back between two sand bags, while passive motion is employed to develop muscular power. A jacket or cuirass may be added if bone death is rapid or if difficulty of retention is experienced.

Horizontal extension is rarely necessary. I have occasionally seen *lateral curvature* in weak infants caused by the mother's habit of always holding them in one position, the reversal of which custom has, together with constitutional remedies, completed a cure. It may also be the result of a rachitic tendency which will necessitate the appropriate medicinal and hygienic management. Simple posterior curvature and also lordosis are sometimes found and should be closely watched, as other symptoms of that disease of mal-nutrition, rickets, may soon present themselves. Dorsal decubitus should be maintained until the proper medicinal and hygienic treatment has had time to strengthen the child.

Rickets fortunately, is seen upon this side of the Atlantic far less frequently than on the Eastern shores, and I am thankful to say is seldom found in Philadelphia, even as compared with New York. In fifty thousand cases in our hospitals, I found that less than fifty are enumerated under rickets and its results, including knock-knee, bow legs, etc. Its onset is usually within the first six months of life, but unfortunately many cases are not brought to the notice of the surgeon until one or two years has elapsed and great deformity has already resulted. When pronounced, the most rigid care should be taken to prevent the distortions from which no bone in the body seems exempt. The effects upon the the female pelvis are most disastrous as life is thereby endangered. The recumbent position is the only safe one and must be maintained until the general remedies have time to act, passive motion meanwhile taking the place of action. The *tibial curves* are the most common of defects. Very slight bowing is some times corrected in the growth of the individual, but we have no more right to expect that such a result will spontaneously occur than that a crooked tree shall be blown into the upright position by chance winds. The proper means should always be used to compel rectification. If the bones are spongy, then much can be expected from manipulation, pressure and apparatus properly constructed. During the first two years of life, we may confidently hope to accomplish a good result by such means, but in later childhood or adult life, if the deflections are great, the bones rigid and especially if the curve is anterior, but little can be gained by these means, and osteotomy is the more certain and speedy means of relief. The risks of this operation, if done antiseptically, are but very slight as the case if sealed becomes one of simple fracture. Plaster of Paris again gives us the best fixation after operation and is very comfortable to the patient.

I approve of instruments in lateral bow-legs, but when they fail to secure straight limbs in the class of cases above mentioned, I firmly advocate operation. To permit the deformity to continue is not only unsightly, but also interferes greatly with the locomotive powers. It is not true that a bow-legged man is strong. He has on the contrary to use his limbs at a disadvantage, and if he is vigorous, it is in spite of his complaint.

The question of *tracheotomy* in *young infants* with whom our present discussion chiefly deals, is one demanding the gravest consideration, whether the dyspnœa originates from diphtheria or from true croup. So fatal are the results that the mortality in babes below the age of six months is placed by some writers as high as ninety-five per cent., and even taking all cases under two years, we cannot expect to save more than from ten to fifteen per cent. When we consider, however, that some English writers place the mortality of croup without operation at ninety per cent. we cannot believe that the operation has at least increased the number of deaths. Moreover, when cases are taken at the most favorable conditions, we can scarcely hope to save more than twenty-five per cent. of all cases operated on. I have spoken thus in regard to prognosis since some surgeons absolutely condemn the employment of tracheotomy for these young cases. I cannot feel, however, that they are absolutely hopeless, and if surgery can relieve them from the horrid death by suffocation, we should not hesitate to give them the aid of science, although a true tracheotomy is well nigh impossible in a young, fat infant, owing to the ex-

ceeding shortness of the trachea and the great size of the thyroid body. It is usually best to do an inferior laryngotomy (or crico-thyro-laryngotomy), making the opening through the crico-thyroid membrane and also through the cricoid if necessary. The risk of hemorrhage is thereby greatly diminished, since while the crico-thyroid arteries may be cut, they will be far less troublesome or secure than will the vessels about the thyroid body or the middle thyroid artery which often lies in front of the trachea. Again, the innominate artery may speedily kill the little one, as has happened in a number of instances, even when the operator has been experienced. The fact that surgeons who have opened the windpipe several hundred times, look upon this operation as an exceedingly difficult one, is proof that the utmost care is necessary. The danger of wandering from the median line may be partially obviated by having the child's head kept perfectly straight and by placing the body in an exact line with the table. The trachea is sometimes missed because it has not been thoroughly cleared of everything before attempting to open it. The puncture should be made firmly but guardedly. The site of an infant's trachea will surprise one who has never studied it. Although I had given large and special study to the the anatomy of childhood both from the cadaver and clinically, my first tracheotomy case died on the table before I could insert the tube, my error being in trying to push the canula too far back. Unless the urgency is great, ether should be given in moderate amount and the operation carefully performed A plunge into the trachea is never good surgery; in infants it would be worse than folly. If a circular piece is taken from the crico-thyroid membrane and cricoid and a pilot used, introduction will be rendered more easy. In fat necks, the windpipe may be brought nearer the surface by extending the head far backward and by grasping the tube on either side and dragging it forward. If fixed thus in the median line and retained continuously by an assistant much time will be gained. In a recent case, I found it wiser to go above a large thyroid body even in a five years old child and insert the canula in the crico-thyroid space. There was afterwards a slight burying of the upper edge of the plate owing to its high position, but a strip of sheet lead obviated this difficulty. To arrest the venous hemorrhage, just before puncture, hot water sponges answer admirably. After operation, the temperature of the room should be kept above 90°. I have never opened the larynx to to remove a foreign body in a very young child, but the universal habit of making the mouth the general receptacle of everything makes the introduction of such substances exceedingly probably at from one to two years.

Foreign bodies in the nose which cannot be seized, if not removed by sternutatories, should be always sought for with the aid of anæsthetics.

In the ear, the opposite mode holds good, since consciousness of pain will often prevent an unskilled practitioner from doing great injury to the membrana tympani.

Joint Diseases are best treated by recumbency with fixation or extension.

Excisions are rarely performed at this early age, and need not therefore be discussed.

I omit strumous and syphilitic diseases and a score of other conditions which might well detain us for hours, since time forbids.

I have thus, gentlemen, hastily touched upon only the more frequent of the surgical maladies met with in daily practice among infants. Many of the suggestions may be already familiar to you, but even the brief mention which I have been allowed to bestow upon each subject may possibly have served to revive in your minds old and forgotten experiences and thus be helpful. You will at least see that the field is a wide one, and that results are most encouraging.

1818 Chestnut Street.

The profession of Glasgow, Scotland, have organized an Obstetrical and Gynæcological Society, with Professor Leishman as president.

Clinical Notes.

CLINICAL NOTES FROM THE UNIVERSITY OF MARYLAND HOSPITAL.

TAKEN FROM THE SERVICE OF DR. RANDOLPH WINSLOW.

PISTOL WOUND OF THE SKULL.—CYSTO-SARCOMA OF THE BREAST.—RUPTURE OF THE URETHRA.—EXTERNAL PERINEAL SECTION.—

(*Specially Reported for the Maryland Medical Journal.*)

There has been a notable absence of the usual summer run of gun-shot wounds this season, and the glorious "Fourth" did not even afford a protest for a little diversion of this kind. Only one case of injury from fire-arms has been admitted to the hospital during the past two months, and this, which was supposed to be of a serious character, gave no subsequent trouble whatever.

Case I.—Bessie R., raised in an orphan asylum, and for several years attached to various shows in the capacity of "snake charmer," 22 years of age, not legally married, became despondent over the loss of $5,000, according to her own story, and resolved to put an end to her sorrow and her life at the same time. Upon a suitable occasion whilst her paramour was out, she placed a pistol behind her right ear and fired. Contrary to her expectations, her head remained as firmly upon the spinal column as ever, and beyond a slight soreness of the neck, no ulterior ill-result was experienced. She was admitted to the hospital the next day, and at the time of the visit of the attending surgeon, was engaged in reading the account of her attempted tragedy in the *Sun*. A slightly blackened slit denoted the point of entrance of of the bullet, which was about the apex of the mastoid process. A probe would not follow the track. There were no symptoms whatever except slight soreness; no paralysis, pain, loss of function or other signs to denote the whereabouts of the missile. The wound was dressed antiseptically, and in a few days the patient was discharged at her own request. She did not want to be thought insane.

Amongst several cases of tumor, one of cysto-sarcoma of the breast was encountered, which was typical of this class of neoplasms, and afforded an excellent opportunity to contrast the symptoms of this disease with those of carcinoma.

Case I.—Mary, colored, aged 39, admitted May 12. History.—When the patient was about 30 years of age a slight lump was noticed in the right breast; this increased in size and was removed in two years. The growth recurred and has now been in existence about 5 years. Lancinating pains are present but are not very marked. Patient thin and run down. A growth nearly as large as a fist occupied the whole breast. It is ulcerated in several places, from which serum or sero-pus escapes in a stream. The tumor is moderately firm, freely movable on the pectoral fascia, and the skin is thin and ulcerated but not adherent, the axillary glands are but slightly enlarged, not much, if any, more so than upon the sound side. The nipple is not retracted, the affected breast is hotter than normal.

The comparatively slow growth of the tumor, its moderate pain, the lack of adhesions to skin, and subjacent fascia, the absence of axillary glandular enlargements, and of retraction of the nipple, and the rather early age at which the trouble first began, all bespoke sarcoma, whilst the free stream of fluid showed its cystic nature. The opinion was expressed that it was a cystic spindle celled sarcoma, which was verified by Dr. A. C. Abbott's microscopic examination. As the chief danger of sarcoma is its tendency to recur in situ, it was excised very freely, and the fascia was dissected off of the great pectoral muscle. After thorough irrigation with bichloride of mercury solution, the wound was dusted with iodoform, and an oakum dressing employed. The after treatment was uneventful, as the temperature scarcely rose above normal, and she was able to go to her home in Southern Maryland in ten days.

An interesting case of rupture of the urethra, and fracture of femur and pelvis was admitted on May 19. The patient, a young healthy man, whilst straddling the rail of a scow, was jammed between the boat and wharf. When admitted he was found to have sustained a simple

fracture of the femur on its upper third, and as he had passed no water since the accident, a catheter was introduced into the urethra, but failed to enter the bladder, and seemed to enter an empty space. Considerable bleeding from the urethra occurred. A rupture of the urethra was diagnosticated, and as night had come on no further attempt was made to enter the bladder with the catheter, but the urine was withdrawn by means of the aspirator. The next morning a perineal section was made, and after some trouble the cut end of the urethra was found, and a tube passed into the bladder. The left ischium was felt to be broken when the finger was passed into the perineal opening. No extravasation of urine occurred, and the wound gradually healed, the patency of the canal being maintained by this systematic introduction of sounds.

Another case requiring external perineal section also was presented about the same time as the above.

Mr. U., from North Carolina, had gonorrhœa twenty years ago, and has been aware of having a stricture for eleven years. For the past five years his urine has constantly dribbled from a fistula in the perineum, and for that length of time he has worn an urinal. He is depressed and run down. On May 27 an attempt was made to pass the stricture, but not even a filiform guide could be made to penetrate. Consequently an extrernal perineal urethrotomy without a guide was performed, the urethra having been opened in front of the coarctation, the cicatricial tissue was cautiously divided in the middle line until a guide could be passed into the bladder. The patient did admirably. Sounds were passed every two or three days, and in two weeks urine passed almost entirely per urethram. He left for home in about three weeks, passing urine entirely by the natural channel, and carrying with him a No. 16 sound to prevent recontraction. His perineal fistula had closed spontaneously, the dribbling of urine ceased, and the urinal was thrown aside.

Correspondence.

Editors Maryland Medical Journal.

Dear Sirs:—

I ask leave to say that I declined signing the Resolutions in relation to the Ninth International Medical Congress, published in your Journal of the 11th inst., p. 219, because they place the blame of the deplorable state of affairs entirely on the action of the new Committee at Chicago; while, as it seems to me, that Committee acted simply in obedience to the stringent restrictions imposed upon it by the unwise and revolutionary conduct of the *American Medical Association* at New Orleans, in nullifying the action of the first Committee, and thus opening the Pandora's box of the countless evils now agitating the American medical profession.

The Resolutions passed at the meeting of medical men at *Boston* meet with my cordial concurrence.

With great respect,

W. T. Howard, M. D.

Baltimore, July 13, 1885.

Society Reports

CLINICAL SOCIETY, PHILADELPHIA.

STATED MEETING, THURSDAY, JUNE 26,1885

In the absence of the President and Vice-President, Dr. Charles K. Mills, occupied the Chair.

Dr. D. W. Barr reported a case of

CARCINOMA OF THE UTERUS,

in which the patient had resorted to the "Faith Cure."

Early in January, 1879, I was called to see Mrs. L., æt. 46 years. She had been suffering at intervals for the last ten months from severe uterine hemorrhages. On examination, per vaginam, there was found a cauliflower excrescence involving the posterior, and part of the anterior, lip of the os uteri, but not involving the vagina. An operation was decided upon, and in the presence of Drs. C. A. Groff and I. G. Heilman, the cervix uteri was removed, close to the

body, by means of an ecraseur. The wound healed kindly, without having any trace of local trouble. For two years and a half the patient enjoyed good health, having no evidence of trouble, but she always had some mental forebodings. At the end of the third year some hemorrhage occurred, and examination revealed granulations of a specific character, apparently involving the entire endometrium. An application of Vienna Paste was made, thoroughly cauterizing the whole surface; the symptoms were thereby arrested, and the patient enjoyed good health for another year, making *four years* of good vigorous health, when hemorrhage again occurred. Examination now revealed a marked epithelioma involving the vaginal walls. The body of the uterus was enlarged, and evidently involved in the trouble. Palliative means were resorted to, but there was no hope of eradicating the disorder. The patient became greatly alarmed, and although there was but little hemorrhage and no pain she sank rapidly, refused all nourishment, and gave every evidence of a speedy dissolution. At this point she made arrangements for the "*Faith Cure*"—sought the prayers of a circle and was anointed, after which she declared herself cured. Her general condition improved, and when I met her three months later I did not recognize her, so much better was she looking.

For about a year her health seemed good, and she was able for almost any exertion, but at the end of that time she began to experience some languor, was more easily fatigued and gradually failed. One day after she had been suffering very severely I was called to her—found a distended bladder, and upon passing the catheter the patient was relieved. Upon investigation I found the cancer had never been healed, nor its progress in any way arrested; it was now filling the pelvic cavity, and the enlarged uterus reached above the umbilicus, this great increase in size having occurred in about two years; the growth having steadily gone on notwithstanding the apparent cure, and the really vigorous life which the patient had enjoyed during the past year. She died soon after I was recalled. The tumor in itself was painless throughout the period of its growth, death being induced chiefly from its pressure upon the neighboring vessels, firm adhesions being found between the two.

In the discussion which followed several cases were reported, by different members of the Society, in which persons had resorted to the "*Faith Cure*," some of whom were apparently cured or at least relieved for a time.

Dr. Charles P. Turner said that he had known of several cases of nervous inertia which seemed to be cured by the influence of a strong will over a weak one, many of these cases, however, had come back to their former condition as this influence wore off. He would believe in the "*Faith Cure*" when he saw a case of tuberculosis or cancer cured by that method, and not until then.

Dr. Edward Montgomery said that the cases were of a nervous or hysterical character; such persons come under the influence of some one who has a powerful influence over them, and are made to "*arise and walk*," and then reported "*cured.*" He related the case of a lady having some organic heart trouble who wished to try the "*Faith Cure*," but the examining physician told her that such cases were not benefitted by that method of treatment. So it seems that the cases which Dr. Turner wishes to see cured in order to be convinced of the efficacy of the "*Cure*" are the very ones which are not treated in that way.

Lead-Poisoning—New Symptom.—M. Du Moulin (*Rev. de thérap.*) has discovered a new and valuable diagnostic symptom of lead-poisoning. This symptom, which was found in all the cases examined by him, consists in the production of a black stain in the epidermis, due to the deposition of the sulphide of lead, and can be obtained at will by applying to the skin a five per cent. solution of the sulphide of sodium or the sulphhydrate of ammonia.—*Med. Bulletin*, April.

MARYLAND MEDICAL JOURNAL

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NEWBERRY A. S. KEYSER, M.D., Associate Editor

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No. 35 Park Avenue. BALTIMORE, MD.

BALTIMORE, JULY 18, 1885.

Editorial.

THE FAILURE OF THE AMERICAN MEDICAL ASSOCIATION TO ORGANIZE THE NINTH INTERNATIONAL MEDICAL CONGRESS.—Those members of the medical profession who have an earnest and abiding interest in the growth of scientific medicine and in the development of the highest aims of the profession in this country, cannot but feel the need of a national organization thoroughly capable of meeting the highest purposes of a scientific body. The American Medical Association has undertaken for some years past to represent the real wants of the American profession. It is, however, a delegated body, and in the very nature of its structure contains such inherent weakness that it has not been able to grapple with the serious questions which have been propounded to it. The membership of the Association is as fluctuating as its actions, and it has so controlled the interests of the profession as to forfeit the right of respect to which the organization is entitled from the leading minds in the profession. The Association has never been able to do the highest order of scientific work, and from year to year has so constructed its offices and committees in the interests of its floating membership that it was not capable of drawing into its ranks the full force and strength of the profession in this country. The Association has shown itself totally incapable of dealing with serious and important scientific interests as has been most conspicuously demonstrated by its recent action at New Orleans in reference to the Ninth International Medical Congress, which it proposed to hold under its auspices. It was shown at New Orleans that a few determined and bold men were capable of capturing its membership and of upturning all of the work delegated to an important committee at its previous meeting in Washington. The result of this action of the Association has cast a shame and a blot upon the good name of the entire profession in this country, and it has forfeited all the reputation the Association may have had as a fair, liberal and hightoned scientific body. Under the leadership of a few malcontents the Association has degenerated to the level of a ridiculous and pharisaical institution, utterly unworthy of confidence and respect. So far as the fortunes of the International Medical Congress are concerned it is now evident that the Association is wholly incapable of conducting the Congress under its auspices. The withdrawal of the leading members of the profession from all connection with the present organization tells its own story, and very plainly says, the Congress must be re-organized on some other basis than the one proposed by the American Medical Association if it is to be a success. In other words, the Association has so seriously blundered in this affair that it must resign its authority as a leading spirit in the re-organization of the Congress. Indeed, it seems to us that the only course now left open to the Association is to abstain from further participation in the arrangements for the Congress, and that it leave this matter in the hands of the medical profession at large, which can be depended on to re-organize the Congress on a successful basis. We have no doubt that the profession at large can move intelligently in this matter. If representative men from all sections of the country can be brought together to confer upon the present outlook of the Congress, arrangements can be so made which will bring order out of chaos and set the affairs of the Congress on a sure and influential footing.

The Journal of the American Medical Association, edited by the "father of the Association," in the interest of that organization, in editorial comments upon the action of the members of the Congress who have declined to hold positions in said Congress as now proposed to be organized, virtually holds these gentlemen responsible for the present muddle of the affairs of the Congress. The *Journal* says: "If those who have been in such haste to condemn the action of the National Association and the present Committee of Arrangements for the Congress do not wish to occupy the unenviable position before the world of men determined to rule or ruin, they will take much more time to think before they make their next move." This is quite a sanctimonious way our contemporary has of shifting responsibility from the shoulders of the Association to those of the gentlemen who have been asked to bolster up the work of the present Committee on Organization, which, acting under the supreme authority of the National Association, has torn down and raised up the fortunes of the gentlemen originally requested to serve in the organization of the Congress as if drawn by the influence of the magician's wand. The very fact that the appointees of the Original Committee in all parts of the country have acted with such unanimity in withdrawing from prominent positions in connection with the Congress and have repudiated the action of the present Committee on Organization is sufficient evidence that there were strong and unimpeachable reasons for their conduct in this matter. These gentlemen recognized at once that this attempt to mix oil and water as a palliative measure for those disconsolate individuals left out of the first organization, was nothing short of hypocrisy and deceit, and could only bring disgrace and reproach upon the Congress. Very properly they refused to lend their influence to an organization which proposed to banquet our foreign guests on the stale issues of the Code, on sectional prejudices and on the aspirations of ambitious office-seekers. As a matter of self-respect and of sound principles what else could they do? Our contemporary could with greater propriety say, "If things done in haste are liable to be repented of at leisure, we are inclined to think this liability will apply to certain members" of the American Medical Association who voted for a re-organization of the work of the committee appointed at the meeting in Washington on the organization of the Ninth International Medical Congress.

Extreme Distension of the Bladder. —In a clinical lecture delivered at the Royal College of Surgeons of England, an abstract of which is published in the *Brit. Med. Journ.* of June 20th, 1885, the lecturer, Edward Lund, F. R. C. S., calls attention to the condition of the extreme distension of the bladder, the result of careless nursing or due to the ignorance of those in attendance on the patient. In this connection he relates the following cases:

"A practitioner, a few years since, consulted the lecturer about a young lady, who, he believed, required paracentesis. Six days previously, she had caught cold and he found her, on the next day, feverish, with abdominal tenderness. Her urine was slightly albuminous, and was beginning to pass from her involuntarily; the abdomen was much distended. Renal disease was suspected. The lecturer, on examining the patient, detected a circumscribed fluctuating tumor in the abdomen, but menstruation had been regular. He found that, directly after the chill, there had been pain in micturition, with scanty passage of urine, and therefore introduced a catheter. Several pints of dark-colored and slightly ammoniacal urine were removed, and the patient quickly recovered. In a second case, where the patient was a man aged 60, the lecturer was called to see what was said to be a tumor in the pelvis pressing on the rectum, and causing abnormal symptoms. There had been tenesmus following prolonged difficulty in defecation; and abscess, bursting into the bowel, had been diagnosed. The patient had been under observation for three weeks; at the first, a swelling had formed on the left side of the pelvis; this increased steadily. There were evi-

dences of prostatic disease. The lecturer passed an ordinary screw-up silver catheter (not having a prostatic instrument at hand), and a quart of urine was drawn off, the tumor in the left of the pelvis disappearing. The prostate was enlarged and tender, pressing on the rectum so as to obstruct some scybala. The urgent symptoms soon disappeared on careful attention to the bowels and bladder. In a third case of this class, an elderly but robust gentleman, a foreigner, was seized, when at work in his office, with giddiness, followed by severe rigors and profuse perspiration. Similar symptoms, but not so severe, had occurred before. He went to bed and was sick; the abdomen was distended, and hernia was suspected. He had recently passed great quantities of urine, but always with some difficulty. The lecturer passed a vulcanized India rubber catheter, drawing nearly five pints of urine. In a few days the symptoms recurred, and were relieved in the same manner, and the patient ultimately did well, when regular catheterism was enforced. His ignorance of the English language and his corpulence had made his case troublesome through the difficulty from which he suffered in expressing subjective symptoms, and which his attendants experienced in examining the abdomen."

These cases recall to mind a case which a short time ago came under the observasion of the writer. Being called in consultation by an intelligent practitioner to examine a woman recently confined, attention was directed to the condition of the bladder by the constant escape of urine in small quantities. As the soft parts were much contused and lacerated during the passage at the child's head a vesico-vaginal fistula was suspected by the attendant, who, however, had failed to introduce a catheter to verify such an assumption. The patient was suffering severe pelvic pain, but did not locate it in her bladder. She was a very corpulent woman, and the condition of the organ was difficult to make out by palpation. Introducing a catheter the writer drew off over three quarts of highly offensive, ammoniacal urine which had remained pent up in the viscus some three or four days. The relief to the patient was immediate and no further trouble was experienced. The medical attendant was surprised at this result as he had mistaken an incontinence from retention for a leakage through a fistula. It is not uncommon to find vesical troubles in females after child-birth due to temporary loss of the expulsive power of the bladder from pressure during the passage of the child's head.

The following case also came under the writer's experience in Oct., 1883: The patient, aged 33, was delivered of a very large male child. She had a rather small pelvis with a narrow sub-pubic angle. It was necessary to employ the forceps and with their aid the child was removed with great difficulty. The morning following delivery she complained of total inability to void her urine. It become necessary to use the catheter continuously night and morning for some three weeks, after which time the bladder regained its lost tone and functioned naturally.

Whilst cases of the character of those here related are not at all uncommon, it may not be altogether improper to emphasize the importance of examining the bladder carefully with a catheter both in male and female patients whenever disturbances of this viscus occur. During and after labor we would urge the necessity of attention to the bladder as offering an important means of avoiding suffering and injury to our female patients.

Reviews, Books and Pamphlets.

A Treatise on Abdominal Palpation, as Applied to Obstetrics, and Version by External Manipulations. By A. Pinard, Associate Professor in the Faculty of Medicine of Paris, etc. Paris, 1878. Translated by L. E. Neale, M. D., Chief of the Obstetrical Clinic and Demonstrator of Obstetrics in the University of Maryland. New York: J. H. Vail & Co. 1885.

This well-known work of Prof. Pinard was given to the profession some six or seven years ago, but being in a foreign tongue it has been accessible to but few

physicians on this side of the Atlantic. The subject of which it teaches is a most important one, and the profession in America is to be congratulated on the fact that Dr. Neale has given it such an excellent translation into English and thereby made its contents available for general reading.

The employment of the method of abdominal palpation as an aid to the diagnosis of pregnancy has not been as universal in this country as it has been in France and Germany, where its value is more fully recognized. This is due, perhaps, to the fact that the text-books on obstetrics in the English language refer to the subject in a brief and cursory manner. It is true several valuable papers have been published on this subject, but they have appeared in medical journals and were not accessible to a large number of readers. The work before us, then, covers a need and we predict for this book a large share of professional favor. We think a debt of thanks is due to Dr. Neale for his labor and pains in undertaking the translation and publication of this work for American readers.

Micro-Chemistry of Poisons, Including their Physiological, Pathological and Legal Relations. Adapted to the Use of the Medical Jurist, Physician and General Chemist. By THEODORE G. WORMLEY, M. D., Ph.D., L.L.D., Professor of Chemistry and Toxicology in the Medical Department of the University of Pennsylvania. With Ninety-Six Illustrations upon Steel. Second Edition. Philadelphia: J. B. Lippincott & Co. 1885. Pp. 741. Price $7.50.

The first edition of this admirable work is well-known to students of toxicological subjects, therefore an introduction of the present edition is a work of supererogation.

This second edition has been thoroughly revised and much enlarged in matter, especially by the addition of illustrative cases, largely American, and by new tests and methods of recovery of poisons from organic mixtures; and, also, by the addition of an entirely new chapter on gelsemium poisoning, and an appendix on the Nature, Detection and Microscopic Discrimination of Blood. The chemical nomenclature of the former edition has been made to conform with the more recent views of chemists on that subject. The present work is one of great magnitude and while it treats of subjects of chief interest to a special class of students, the physician will find it a useful book for reference. It discusses various subjects in a most pleasant and agreeable manner, and will be read with interest and profit by all persons interested in the subject of poisons.

Manual of Physiology, a Text-Book for Students of Medicine. By GERALD F. YEO, M. D., F.R.C.S., Professor of Physiology in King's College, London, etc. Philadelphia: P. Blakiston, Son & Co. 1884. Small Octavo. Pp. 750. Over 300 Illustrations. Price, Cloth, $4.00; Leather, $5.00.

During the past few years an unusual activity has been manifiested in the preparation of new works, or revision of old, on physiology. This demand for physiological literature has most probably grown out of the great advances in this department of science during latter years. Of the number of text-books on physiology now before the profession any one might be selected as a useful work. Indeed the choice of selection resolves itself into a question of individual taste.

The work before us by Dr. Yeo is valuable for its plain, practical and easy statement of the principles of physiology. The author has aimed to teach this subject to students, and he has made his work a plain, common-sense book, abounding in facts which the average mind can grasp with ease and facility, and retain with little effort. Indeed the work is to be commended for its simplicity of style and ease of diction, as well as for its thorough discussion of the science of which its treats.

A Text-Book of Medical Physics. For Students and Practitioners of Medicine. By JOHN C. DRAPER, M. D., LL.D., Professor of Chemistry and

Physics in the Medical Department of the University of New York, etc. With Three Hundred and Seventy-seven Illustrations. Philadelphia: Lea Brothers & Co. 1885. Pp. 715. For sale by Cushings & Bailey, Baltimore.

There is no branch of knowledge more important to the thorough understanding of medicine than that of physics. Recognizing the full appreciation of this fact, Professor Draper has placed before the profession, in book-form, the substance of his lectures on this department of science, which he has delivered during many years at the University of the City of New York. In the preparation of this work the author has aimed to impart a knowledge of the relations which exist between physics and medicine in their latest state of development, and to embody his own experience gained through a long period of teaching this special branch of applied science.

The work is divided into two parts. Part I treats of Matter, and Part II of Energy. The subject of Matter is considered in five sections arranged into chapters, under which are discussed the properties of matter, constitution and composition of matter and the general properties of matter. Matter in its solid, liquid and gaseous states is fully explained, and the numerous facts pertaining to this important subject are arranged and so elucidated as to place the reader into possession of an enormous variety of useful and valuable information. The author not only discusses the various characters and properties of solid, liquid and gaseous matter, but relates numerous experiments illustrating the subjects under consideration.

Part II is devoted to the consideration of the subject Energy. Under the headings of a number of sections and chapters, potential energy—attraction and kinetic energy—motion are discussed. Energy and force, attraction, the general phenomona of motion, measurement and representation of energy, machines and instruments are the titles respectively of an equal number of chapters. The subjects of acoustics, of optics, of heat, of electricity, of dynamic electricity, of magnetism and of electro-biology are presented in detail, and a large amount of valuable information is placed before the reader relating to these departments of science.

The author has arranged his text into short paragraphs with headings. and in this manner has so classified his subject-matter that a hard and difficult scientific study is made attractive and more easily accessible to the student. The volume from beginning to end teems with useful and instructive information about which every physician should have some knowledge. Take the book as a whole and it is one of the most valuable scientific treatise given to the medical profession for a number of years. It should have a place upon every physician's library shelf. We would especially commend the work to physicians who have sons who are being educated for the practical affairs of life. It is a book which, if placed in the hands of the young, will render most useful service as an educator and instructor in scientific information of the most varied and useful character. The work is profusely and handsomely illustrated, and its mechanical get up is in keeping with the splendid reputation of its publishers, who excel in the arts of printing and binding.

Miscellany.

Antipyrine in Children ([editorial]. *Therapeutic Gazette*, Feb. 16th.)—Demmé is quoted as advocating this substance for use in the febrile affections of children. Its apyretic effect is said to be decided and to continue twenty-four hours or more. In erysipelas and rheumatic polyarthritis it is said to have almost a controlling influence. Its unfavorable effect consists mainly in the fact that cardiac depression is sometimes caused by it. Demmé advises three doses daily of three and a half, two and a half, and one and a half, grains, respectively. Penzoldt summarizes the present knowledge concerning the drug in the following proportions.

1. Antipyrine must be regarded as a remedy well indicated and appropriate in febrile affections of children.

2. In proper doses the drug causes a reduction of febrile temperature amounting to several degrees (R.), and lasting several hours.

3. Reduction of the rate of the pulse does not always correspond with the degree of reduction of the temperature.

4. The effects upon the general condition are favorable.

5. Occasionally vomiting may be produced by its use, in which case it may be used by the rectum.

6. As to the dose, as many decigrams may be given hourly, for three consecutive hours, as will equal the age of the child in years, and this quantity may be increased, if insufficient, as is often the case with small children. If given by the rectum the quantity should be three to six times as large as by the mouth.

7. The system rarely becomes habituated to its use.—*Arch. Pediatrics.*

The Chin Relex. A New Clinical Observation.—Dr. Morris J. Lewis has contributed the following to the Philadelphia Neurological Society, February 23, 1885. (*Polyclinic*, June 15, 1885).

In the winter of 1882, while examining, at the Infirmary for Nervous Diseases connected with the Orthopædic Hospital, Philadelphia, a case of section of the inferior dental nerve, I discovered a new reflex. For report of case see *Phila. Med. News*, March 11, 1882. This consists of a sudden elevation of the lower jaw immediately following a blow upon the lower teeth, or chin, and is most easily produced by striking the parts mentioned in a downward direction with a rubber plexor. The mouth of the patient is of necessity open, and the muscles should be relaxed.

Since then I have observed this symptom in two cases of spastic paralysis, one case of congestion of the spinal cord, one of cerebral tumor, probably specific, one of hemiplegia, one of unilateral tumor of doubtful origin, and occasionally in perfectly healthy individuals.

In some of these the reflex was plainly due to a contraction of the temporal muscles, while in others the masseters seemed to be mainly instrumental in causing it. The clinical significance of this symptom is not as yet clear, but I wish to place it upon record, and to direct attention to it, hoping later to be able to report more fully.

Gowers, in his "Diseases of the Spinal Cord," mentions that irritation of the skin in the intrascapular region gives us the highest reflex available; the *chin reflex* is, therefore, of considerable interest, as being, as far as I am aware, *the highest deep reflex yet discovered.*

Quebracho in Dyspnœa of Nervous Origin.—Dr. S. Solis-Cohen, of Phila., makes the following clinical report to the *Polyclinic* of June 15, 1885;

In a case of cystic goitre, the fluid extract of quebracho has been of marked benefit in relieving the dypnœic symptoms which caused the patient to seek treatment. From the character, position, and probable attachments of the goitre, the difficulty in breathing has probably been caused by pressure upon the pneumogastric nerve, rather than by compression of larynx or trachea. Hence the possibility of affording relief by medication.

In Ganglion of a Tendon Dr. Nancrede of Phila., in the *Polyclinic*, finds the best results from subcutaneous evacuation of the gummy contents of the cyst, and then free dissection of the sac. The sensitiveness of the skin is first reduced by the rhigolene spray.

The Treatmentof Locomotor Ataxia in the Pre-Ataxic Stage.—In a paper read before the Chicago Medical Society on March 16, Dr. D. R. Brown says: The foundation for the successful treatment of the pre-ataxic stage of this disease is rest—absolute, positive, and prolonged. The recumbent posture should be maintained for several months. This proposed idea in the treatmentment is an innovation, but it is based upon the scientific fact, generally recognized, that a diseased organ should have its functional activity reduced to a minimum quantity. Hence this principle applies with equal force to the spinal cord; for rest, accompanied as it is with diminution of nutrient activity of nerve fibres and

diminution in the caliber of the blood vessels, must be antagonistic to the pathological process that has begun. But it is necessary to maintain (as Dr. Wier Mitchell has taught us in his treatment of hysteria) the greatest activity of general nutrition and prevent wasting of the muscles. The judicious use of massage and passive movements will enable us in a case of locomotor ataxia to replenish the muscular system in the recumbent posture. The diet should be of the most nutritious character; cod-liver oil and the syrup of the hypophosphites are often of great service. The condition of the emunctories should also be constantly attended to. Electricity, in the form of the galvanic current of mild intensity, used after the method of general galvanization daily is of service, and will by its alterative and tonic properties assist in modifying the pathological process. —*Gaillard's Med. Jour.*, June.

The Bedsores of Typhus Fever are best treated with—

℞. Tinct. Iodine,
Pulv. Camphor, aa ʒi.
Collodion, ʒi.
M. S.—This to be applied with a brush.

Alopecia.—For alopecia, Prof. Bartholow recommends the topical application of—

℞. Ext. pilocarpi fluid., fʒj
Tinct. cantharidis, fʒss
Lin. saponis, fʒ ijss M.
Sig.—Rub into scalp thoroughly, daily. —*Col. and Clin, Rec.*

Salt vs. Sewer-Gas.—In cities, a few handfuls of salt thrown into the water-closets, and an occasional handful thrown into the wash-basins, would go far, we believe, toward counteracting the noxious effects of the omnipresent sewer-gas, against which sanitary efforts have so long been directed. In the country a quart or more of salt used daily in the privy vaults would serve an equally useful purpose.—*Analytic.*

The Treatment of Fracture of the Patella.—At the session of the French Surgical Congress, April 8, 1885, Professor Tilanus (of Amsterdam) passed in review the different modes of treatment of fracture of the patella, and he thinks the best is that which he has adopted, and which he calls the Holland treatment; it consists in doing away with immobility, which he replaces by massage and movement of the limb; he adheres to compression. The following are the rules laid down by M. Tilanus: The first day, to combat articular effusion and pain by the application of cold compresses upon the joint; from the second day, compression and massage to be continued about eight days; finally, at the end of the first week of treatment, to commence practicing movements of flexion and extension of the limb. From this time, the patient may be allowed to walk. M. Tilanus claims for his method of treatment the following advantages: a shorter duration, for forty-one days instead of several months; the weight raised by the foot is 3 kilograms, ½ instead of 3 kilograms; the average distance between the fragments is 0.72 centimetres instead of 2 centimetres. The separation of the fragments has, moreover, but little importance in the walk of the patient. M. Tilanus is by no means favorable to the use of the suture between the fragments; not more than M. Verneuil would he accept the suture after arthrotomy, even if the operation was performed by Lister himself; but he would strongly recommend to Dr. Verneuil the practice of movement with massage.—*Union Medicale.*

Epitaph.—On a gravestone in a country churchyard in England, on Mrs. Arabella Greenwood, who died in childbed; written by Rev. Mr. Greenwood, D. D.:

O Deathe! O Deathe! thou hast cutte down
The fairest Greenwood in all this towne;
Her virtues and good qualities were suche
That shee might have married a lorde or a judge;
But such was her condecensione, and such her humilitie
She chose to take me, a Doctor of Divinitie,
For which heroicke acte, she stands confeste
Above all others the Phœnix of her sexe,
And like that birde one younge she did begette.
That she might not leave her sexe disconsolate.
Mie griefe for her is so verie sore
I can onlie write two lines more:
For this, and everie good woman her sake,
Never let a blisterre be putte on a lyinge-in-woman's backe.

—*Bost. Weekly Magazine*, Dec. 17, 1803, *Bost. Med. and Surg. Journ.*

For the constipation of chlrosis Prof. Bartholow recommends, three times a day, a pill composed of—

℞. Ext. nucis vomicæ, gr. ¼.
Ext. physostigmæ, gr. ¼.
Ext. belladonnæ, gr. ¼.
Ext. aloes, gr. j.
Ferri sulphatis exsicc. gr. j.

Also as a nerve-tonic, and as a stimulant to the primary assimilation—

℞. Strychniæ sulph., gr. j.
Acidi phosphorici dilut., ℥j.

—*Med. Bulletin.*

Comments of the Medical Press on the International Medical Congress of 1887.—The *New York Med. Journal*, commenting upon the International Medical Congress of 1887 and the present muddle of its affairs, says: "And all this disgrace is the logical outcome of the false and artificial issues which for the past three years have enabled men in no way representative of the profession to masquerade as its leaders, through the medium of that degenerate and utterly ridiculous concern the American Medical Association. That organization long ago ceased to work for the benefit of the profession, and for a number of years past its annual meetings have been little more than scenes of the most shameless intrigue and demagogism."

The *Medical News* says: "A cardinal source of dissatisfaction with the new organization is that it is under the control of a handful of discontented men, who were not included in the preliminary organization, and who stirred up this trouble for what they could make out of it. They used the American Medical Association to this end, regardless of the injury thereby inflicted upon it; and now that they find that the profession has risen in its indignation and repudiates them, they are expressing a willingness to compromise and to make concessions to save their own official heads. They have committed a great wrong not only against the American Medical Association, but against the profession at large, and the action just taken means, in plain language, that the profession has no confidence in them, and will give no support to any organization of which they are the head."

The *New York Med. Record* says: "In considering the basis of this operation, the existence of which is so regrettable, two facts stand broadly out, viz., that the Congress had been satisfactorily and legally organized, and was progressing smoothly, and that then certain men stepped in, not all with motives above suspicion, and instigated the changes resulting in the present troubles. These changes introduced questions of medical politics and geography, of no international or scientific interest, and involved the removal and humiliation of some of the best and most representative physicians in this and other States. It is natural that some feeling is created, while the general verdict cannot but be that the action was most unwise.

The Surgical Treatment of Cysts of the Pancreas.—Of all abdominal organs the pancreas has been least frequently subjected to surgical treatment, for which the anatomical location of this organ, and the obscurity of its affections, furnish a sufficiently satisfactory explanation. Situated high up in the abdominal cavity, and hidden behind such important organs as the stomach, omentum, and transverse colon, it is the least accessible of all abdominal organs, and on this account its affections, wrapped in obscurity, have for the most part constituted objects for empirical medication. The relation of this gland to the surrounding organs and its great distance from the anterior wall of the abdomen, the only point of approach, necessarily offer serious obstacles to diagnosis and direct treatment. From a diagnostic point of view another great difficulty is our want of positive knowledge concerning the physiological functions performed by this gland in the process of digestion. As the symptomatology of all affections of the pancreas is always obscure, and a probable diagnosis can only be made in cases where the gland has become considerably enlarged by disease, it is apparent that our present clinical knowledge is limited to diseases which increase the size of the organ to a sufficient extent to permit its detection by palpation. Primary malignant disease of the pancreas, when it has advanced to such a

extent that its presence can be diagnosticated with certainty by physical signs, will have invaded the adjacent tissues to such a degree as to preclude the advisability of an operation, consequently the efforts by the surgeon, for the present at least, must be directed exclusively toward the recognition and treatment of benign affections of this gland. Clinical experience does not extend beyond an imperfect knowledge of cysts of the pancreas.

The pancreas, like other secretary organs, is prone to become the seat of cystic tumors, the result of obliteration or obstruction of the common duct, or one or more of its branches. Cysts originating in this manner are true retention cysts, containing the physiological secretion from the distal portion of the gland tissue, with perhaps accidental products, such as altered secretions, blood, and the products of inflammation.

In a very valuable paper on the surgical treatment of cysts of the pancreas, Dr. N. Senn, of Milwaukee, in the July number of *The American Journal of the Medical Sciences*, presents a full report of a case of retention cyst of the pancreas, which has recently come under his observation, and, at the same time, summarizes, in a compact form, the clinical history of similar recorded cases which serve as a basis for some general remarks.

In recapitulation, Dr. Senn submits the following conclusions:—

1. Cysts of the pancreas are true retention cysts.

2. Cicatricial contraction or obliteration of the common duct or its branches, and impacted calculi are the most frequent causes of cysts of the pancreas.

3. A positive diagnosis of a cyst of the pancreas is impossible, a probable diagnosis between it and some other kind of cysts amenable to the same surgical treatment is adequate for all practical purposes.

4. The formation of a pancreatic fistula under antiseptic precautions recommends itself as the safest and most expedient operation in the treatment of cysts of the pancreas.

The Influence of Cocaine, Atropine, and Caffeine on the Heart and Blood-vessels.—There are few known drugs that have, within such a short space of time, risen from comparative obscurity to such practical as well theoretical importance as cocaine. Its great value as a local anæsthetic, and its wide application in all the branches of medicine and surgery, together with our comparative ignorance in regard to many points of its action on the animal organism, are sufficient to attract attention to a valuable experimental paper on the influence of cocaine, atropine, and caffeine on the heart and blood-vessels, by Dr. H. G. Beyer, U. S. N., which appears in the July number of *The American Journal of the Medical Sciences*.

Dr. Beyer finds (1) That *cocaine* is exceedingly prompt and uniform in its effects upon the heart. (2) In small doses it is a powerful stimulant to the heart's action. (3) In medium doses it has an inhibitory influence over the ventricular contractions. (4) In large doses it produces diastolic arrest from which, however, the heart may be recovered under suitable conditions. (5) In small or large doses it produces contraction of the blood-vessels, independent of the central nervous system. (6) A rise in the blood pressure, consequent upon the administration of cocaine, is due to a direct action of the drug on the heart and blood-vessels, stimulating the former and constricting the latter; a fall in blood-pressure coming on after the rise must be accounted for by the action of cocaine on the heart alone, since its constricting influence on the blood-vessels outlasts the stimulating influence it exerts over the venticle of the heart.

(1) That *atropine* in certain doses increases the rate of beat of the heart and also the amount of work done; (2) that it exercises an inhibitory influence over the contractions of the ventricle. (3) That it first causes a contraction and afterwards a dilatation of the blood-vessels; (4) that cocaine acts on atropized vessels in the same way that it does on normal ones, *e. g.*, it causes their contraction.

That *caffeine* in small as well as large doses produces dilatation of the blood-

vessels in the terrapin; any rise in arterial pressure due to caffeine is, consequently, to be explained only by the stimulating effect caffeine exerts on the heart itself.

Medical Items.

Dr. N. Senn, of Milwaukee, Wis., has accepted the Chair of Principles and Practice of Surgery, and Prof. Christian Fenger that of Clinical Surgery in the College of Physicians and Surgeons of Chicago.

In the Chicago Medical College Dr. W. W. Jaggard has been elected Professor of Obstetrics.

The *N. Y. Med. Record* says: "Only twenty-nine physicians of this city, nearly half of whom are connected with the same medical school, occupy official positions in the preliminary organization of the proposed Congress. Philadelphia, with fewer physicians, was given forty-eight positions, and Boston, with one-fourth the number of doctors, was given twenty positions."

It is currently rumored in this city that the International Medical Congress and the American Medical Association have been captured by one of the New York schools and will be run under its exclusive patronage. "Madam Rumor" is not always an unreliable witness.

The Medical Department of the University of Virginia, at its commencement held July 1st, graduated eleven Doctors of Medicine.

The members of the medical profession in Boston and vicinity, concerned in the organization of the Ninth International Medical Congress, have declined to hold any office in said Congress as now organized. We understand the profession of Washington City concerned in the organization of the Congress have taken similar action.

The *Va. Med. Monthly* says it has intimations that there are some practitioners in Virginia rebelling against the State law, which requires that they shall first secure certificates from the State Board of Medical Examiners before undertaking practice in Virginia. One or two court clerks, it seems, refused to recognize the law. The *Monthly* forewarns all parties that they are violating the law, and that after a due amount of tolerance has been exhausted they will be arrested and made to test the constitutionality of the Act of the General Assembly.

The sixteenth annual meeting of the Medical Society of Virginia will not meet at the Alleghany Springs, Va., until September 15. The Society will be entertained by the proprietor of these Springs.

The Philadelphia *Med. News* asserts that the injection of the Code controversy into the organization is a flagrant discourtesy to the Congress, because one of its cardinal rules is not to have anything to do with matters relating to medical politics.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, during the week ending June 27, 1885.

Byrnes, J. C., Passed Assistant Surgeon. Detached, from the "Powhatan" for duty at Navy Yard, Norfolk Va.

Cordeirs, F. J. B., Assistant Surgeon. To the "Powhatan" as relief of Passed Assistant Byrnes.

Curtis, L. W., Assistant Surgeon. To Philadelphia for examination preliminary to promotion.

Drennan, M. C., Surgeon. Placed on waiting orders.

Fitzsimmons, P., Surgeon. Duty on Receiving Ship "Franklin," Norfolk Navy Yard, continued until July 1, 1886.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, for the two weeks ended July 11, 1885.

Fessenden, C. S. D., Surgeon. Leave of absence extended sixteen days on account of sickness. July 1 and 9, 1885.

Bennett, P. H., Assistant Surgeon. Granted leave of abscence for twenty-two days. July 9, 1885.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from July 7, 1885, to July 13, 1885,

Captain Junius L. Powell, Assistant Surgeon. Ordered from Department East to Department of the Missouri.

First Lieutenant Henry P. Birmingham, Assistant Surgeon. Ordered from Department of Missouri to Department of the East.

Original Articles.

A CASE OF ADENO-CARCINOMA INVOLVING VARIOUS ABDOMINAL ORGANS.

BY W. J. JONES, M. D.,

Resident Physician, Bay View Asylum.

The following case appears, for a number of reasons, especially from the diagnostic difficulties, to be of sufficient interest to justify publication.

H. R., col., æt. 65 years, laborer by occupation, was admitted into the hospital department of Bay-View Asylum on April 1, 1885. Four months previously he noticed a lump on the right side of his abdominal cavity, just beneath the border of his ribs. His previous life has been healthy, and he never had had any venereal trouble with the exception of gonorrhœa. Examination of the patient shows a stout, well-built, well-nourished negro man. Physical examition of the thoracic organs shows them to be normal. On careful examination of the abdomen, by palpation, a tumor was found in the epigastric region of about the size of a goose-egg. It was apparently nodulated, could be moved from side to side, and moved up and down during respiration. Pressure upon the tumor mass gave very slight pain, which was not sickening in character. This tumor was seated just inside of the outer border of the rectus muscle immediately below the ribs. The area of liver dulness was increased, and in the lower extremities there was a slight amount of œdema. Examination of the urine showed no albumen or casts. On the left side of the abdomen was a small subcutaneous tumor, apparently a lipoma. The general condition of the patient, as said, is good. He has lost no flesh in the past year, and his appetite is good. Bowels are regularly moved every day and the feces are of normal color and consistency.

May 1, 1885. The tumor on the right side has increased in size. The patient's general condition remains about the same.

June 2, 1885. An exploratory puncture with a fine needle was made by Dr. Tiffany. On gently moving the needle from side to side it was thought that a slight grating could be made out. The urine was examined several times in the course of the sickness, and at the last examination albumen and finely granular casts were found. The patient grew rapidly worse, had frequent convulsions, and died on June 9.

Post-mortem made by Dr. Councilman revealed the following conditions: Body large, strongly built, badly nourished. Lower extremities œdematous. In the belly wall, on the left side, an inch from the median line and one and a half inches from the umbilicus, was a small fatty tumor. Owing to the rigor-mortis no trace of the tumor in the region of the liver, which was so perceptible before death, could be made out. On opening the peritoneal cavity about one quart of slightly cloudy serum was ound. The peritoneum was reddened injected, cloudy, and between the loops of the intestines were numerous small patches of exudation. A small pendulous lypoma was seated in a loop of the mesentery in the upper portion of the jejunum. A large, irregular tumor mass presented itself in the upper part of the abdominal cavity. There appeared to be two separate masses of this. One mass, the larger of the two, was in the median line and projected (the man lying on his back and the normal relation of the parts being preserved) an inch or more below the ensiform cartilage. To the right of this appeared another large mass, which lay inside of a line drawn downward from the nipple parallel with the long axis of the body. The edge of the mass was three inches from the free edge of the ribs. On removing the sternum, so that a better view of the liver could be had, this viscus was found to be filled with numerous nodules of greater or less size. On section one large mass of about the size of a child's head was found in the right lobe of the liver. These tumor masses were of a reddish-gray color, firm in consistency, and sharply separated from the liver parenchyma. In the left lumbar region was found a large tumor, which, on examination, proved to be seated in the colon just below the splenic flexure. On

opening the colon the tumor was found to entirely surround the gut, and had apparently started from the mucous membrane. There were extensive ulcerations and large masses of necrotic tissue extending into the lumen, which was slightly narrowed, though two fingers could be passed through the gut. There was no appearance of growth in the peritoneal surface of the intestine, and only in a few cases did the muscular coat appear to be invaded. The bowel was not dilated above the tumor. In the lower lobe of the right lung were found two small tumor masses about the size of a bean, and in the upper lobe of the left lung a mass a little larger. All of these had the same color and consistency as the nodules in the liver.

The spleen was small. The distance between the lower edge of the spleen and the upper edge of the tumor in the colon was about two inches. The kidneys were amyloid. All the other organs in the body were healthy. Microscopic examination showed, beyond doubt, that the tumor in the colon was the primary tumor, and that the others were secondary to this. This tumor was an adenocarcinoma, with a tremendous growth of epithelium, and very little stroma. The tumors in the liver and lungs were of the same nature. In the liver, particularly, masses of epithelial cells, arranged very much like simple glands, were found in some places; in other places the epithelial growth was more atypical. Tumors of this sort in the colon, with extensive metatasis in the liver and elsewhere, are common; the metastatic growths are often so extensive and numerous that the primary growth may be overlooked.

With regard to the diagnosis in this case, there were many possibilities to be thought of. The man's general condition, the absence of pain and vomiting during his whole sickness, were almost sufficient of itself to exclude carcinoma of the pyloris. Besides, a carcinoma here is rarely felt so far on the right side. The strongest probability lay in favor of the tumor being a distended gall-bladder filled with biliary calculi. The fact that the liver was enlarged would be somewhat in favor of this diagnosis, although the tumor was felt some distance to the left of the region usually occupied by the gall-bladder. There was also a possibility of its being a primary tumor of the liver, although primary tumors of this viscus, with a projecting nodular growth, are of the greatest rarity. Another diagnosis that suggested itself was the possibility of its being an ecchinococcus cyst. A correct diagnosis would only have been possible by a recognition of the primary tumor in the left lumbar region. This was not felt in any of the examinations, and the difficulties which would lay in the way of separating a tumor of this sort from an enlarged spleen would have been very great. In our case, however, it would have been possible, because there was a distinct interval between the lower edge of the spleen and the tumor. The case shows the extreme importance of a very careful physical exploration of the *entire* abdomen in case we find a tumor in any part of it. Another point is of great interest, viz.: The possibility of a tumor as extensive as the mass in the colon existing for so long a time, and giving rise to no stricture, as well as the fact that cachexia only came on in the last days and was so little marked.

A Case of Epulis.—Dr. Walter B. Chase related, in the Brooklyn Path. Soc., the history of the case of a lady, about twenty years old, who presented herself in the winter of 1882, with a growth about as large as a small pea, springing from the lower jaw between the middle and the lateral incisor teeth on the left side. The growth was painless, but somewhat tender on pressure. It was removed with scissors, and the parts healed kindly. In November, 1884, it had returned, and was about as large as a small hickory-nut, but flattened, and rested between the teeth and the lip, where it was a source of considerable annoyance. The speaker again removed it, with a portion of the gum immediately contiguous, and cauterized the parts with chromic acid. Four weeks afterward he could find no sign of its return.—*N. Y. Med. Journ.*, April 18th.

A CASE OF ULCERATION AND SUBSEQUENT PERFORATION OF THE SIGMOID FLEXURE OF THE COLON.

BY S. T. EARLE, M. D., OF BALTIMORE.

The infrequency of ulceration of the large intestine with perforation, appearing from causes other than carcinoma, dysentery and tuberculosis, makes the following case of interest:

T. M., white male, æt. 31 years, was admitted to Bayview, June 24th, 1885, with the following symptoms: Uncontrollable vomiting, tenderness over the entire abdomen, pupils widely dilated, pulse weak and thready, considerable fever. There had been no discharge from the bowel for two days. One day before his entry in the hospital he had had a fall and his present condition dated from this. Death took place suddenly twenty-four hours after entering the hospital. Post-mortem made eight hours after death. Body large, strongly built, muscular, nutrition good. Subcutaneous tissue of chest and neck very emphysematous, as was also the distended abdomen and scrotum. On anterior aspect of tibia on each side were large cicatrices surrounded by large areas of coppery discoloration; no varicose veins; inguinal glands on both sides slightly enlarged. In left inguinal region a linear cicatrix. The organs of head and chest were normal. No cicatrices found in the mucous membrane of the mouth and pharynx. On opening peritoneal cavity a quantity of gas escaped, and the cavity contained a large amount of fluid mixed with fæculent matter. The small intestines were enormously distended, and covered with a fibro-purulent exudation. After careful search an oblong opening as large as the end of the index finger was found just above the beginning of the sigmoid flexure of the colon. On cutting up the bowel at the point where perforation had taken place the calibre was found to be considerably narrowed, the mucous membrane thickened, partly thrown up into folds, and in part projecting into the lumen of the bowel, in the shape of long thin polypi. The constriction did not involve the whole extent of the bowel; there seemed to be a number of bands of thickened indurated tissue, between which the mucous membrane could be pushed up with the finger, forming tolerably deep pockets. On various places there were extensive ulcerations which involved the whole of the mucous membrane; these ulcerations had not the appearance of being recent; their edges were smooth and hard, and the bottom of the ulcers hard and glistening. It was through one of these losses of substance that the perforation had taken place. There was little or no thickening of the submucous or muscular coat, except about the indurated bands spoken of. This whole condition only involved a portion of the bowel four inches in length. Although the narrowing of the bowel at this point was perfectly evident, still two fingers could be passed through the narrowest portion. The mucous membrane of the colon above this was smooth and healthy. No trace of a dysenteric process could be seen in any portion of the bowel. The entire rectum was also perfectly normal with the exception that just at the internal sphincter there was a large radiate cicatrix, with induration of the tissue beneath and around it. Bands of indurated tissue extended from this cicatrix in various directions beneath the mucous membrane. The kidneys, spleen and liver only presented such changes as were due to the peritonitis. The first question which arises is in reference to the etiology of the ulceration and stricture formation in the sigmoid flexure. Such conditions are, as is well-known, usually dependent on either carcinoma, dysentery, tuberculosis or syphilis. Carcinoma could be absolutely excluded, both from the age of the patient and the character of the disease. In the latter there was not a single thing to point to its being of epithelial origin. The most frequent disease of the upper part of the rectum and colon, dysentery, could also be excluded, for we are not aware of the lesion in dysentery being confined to so small an area; there was not in any other portion of the colon a cicatrix, thickening or

other condition to lead us to suppose that there ever had been a dysenteric process in any portion of the bowel, which had reached excessive development at the point of constriction. There was no reason for mistaking this condition for tuberculous ulceration. Although not examined histologically, yet the ulcers presented none of the general appearances of tuberculous ulcers. There were no evidences of tuberculosis elsewhere in the body, and the subject was robust and well nourished. With regard to the other causative moment, syphilis, we cannot speak so certainly. In such cases it is not safe to form a diagnosis simply by exclusion. Because four causes are usually given by the books to account for a certain effect, when we can exclude three of them, it is by no means necessary to accept the fourth. There was little about the body to enable one to make a positive diagnosis of syphilis. In this connection would come the cicatrices with the surrounding pigmentation on the anterior portions of the tibiæ; the induration of the glands in the inguinal region would also lead some weight to this. With regard to the cicatrix in the anus, it is possible that this could have been syphilitic and possibly the seat of the primary lesion. The fact of the anal opening being large and patulous in connection with the cicatrix here, would suggest sodomy with local infection. If syphilitic, to what class of syphilitic lesions would the pathological condition in the sigmoid flexure belong? Mucous patches in this part of the alimentary tract are almost unknown. Other deeply seated gummatous inflammations of the intestine, especially the small intestine, have been described by "Mracek."

How to Test Ergot.—To distinguish young from old ergot, Koster recommends to digest thirty grains of it in two drachms of ether, and to shake it repeatedly. If the ergot be of a recent date, the ether will remain almost colorless, while old ergot causes a distinctly yellowish discoloration.—*Arch. de Pharmacie*, xxiii, 1885, No. 31.—*Ther. Gaz.*

Society Reports

SANITARY CONVENTION AT YPSILANTI, MICHIGAN.

(*Specially Reported for the Md. Med. Journ.*)

Great interest was manifested in the Ypsilanti Sanitary Convention which was held June 30 and July 1, 1885, under the auspices of the Michigan State Board of Health. The physicians of Ypsilanti, the professors of the State Normal School, and a large number of other prominent citizens of that place were in constant attendance. About twenty physicians and health officers from other places were also in attendance.

C. L. Yost, Mayor of the city, opened the convention with a brief address of welcome, in which he said that "in times past we have been honored with the presence of other assemblages for consultation upon religious, political, medical, or other interests, but this is the first time that disinterested philanthropists have come to us to discuss those great practical questions relating to the guardianship of public health." He thought that the adage, "an ounce of prevention is worth a pound of cure," was the inspiring motive that brought them together. Their city was more than usually blessed with conditions for good health; still they recognized the value of detailed instruction in sanitary subjects. Sanitary science is in its infancy, and all attempts to further it and bring intelligent attention to its teachings should be welcomed by thinking men everywhere.

Edwin Willits, President of the Michigan State Agricultural College, presided over the convention; and in his address dwelt upon the value of human life considered from an economic standing-point as worked out by eminent statisticians. A number of people who should produce $3,000,000 when in good health, could produce when not in good health only $2,000,000. Here is a loss of one-third, much of which could be saved by applying the simplest sanitary precautions. It is the duty of a community to keep these human earning machines in good condition of health or earning capacity, even from economical motives. A com-

munity has the legal right to do this. We want pure water and plenty of it, clean streets, cleansed sewers and drains, swamps drained, cesspools filled up; and we should not count the cost on our fingers. The crowning labor of our medical science is the warding off of disease. Given by heredity a sound constitution, pure air, pure water, and nutritious food ought to guarantee to every human being, as he puts his foot on this earth, his three score years and ten, with which assurance he might plan the labors of a well-rounded life.

Rev. Dr. Woodruff, of Ypsilanti, read a paper on

"THE MORAL EFFECTS OF SANITATION."

He told of the importance the ancient Jewish people gave to sanitation; and in a forcible way pointed out its power in elevating man morally as well as socially and physically. He thought the present attention given to sanitary matters is not temporary. The reform has come to stay.

Prof. Avstin George, of the State Normal School, spoke on

"SANITARY NEEDS OF SCHOOL BUILDINGS AND GROUNDS."

1. School site should be on gravelly soil, a natural knoll, admitting thorough drainage; 2. Wells should not be nearer than 100 feet to the out-houses; 3. Basements should be high, with free circulation of air under ground floors. School-rooms should contain 250 cubic feet of air space for each child. The light should come in over the left shoulder. The windows should go to the ceiling, and within three and one-half feet of the floor. The blackboard should be on the side of the room opposite the windows, and never have a glossy surface; 4. The simplest heating and ventilating apparatus is the hot-air furnace, and for small buildings the jacketed stove. The foul air outlets should be ample, and at the floor level. With any system, the rooms should be flushed with fresh air through windows and doors. The temperature should be kept at 70° Fahr., not by teachers' sensations, but by thermometers. 5. Perfect desks and benches are not yet made; they should be be adjustable, to suit different sizes, and be constructed with reference to the curves of the body. There should be foot-rests, which could be raised or lowered until each pupil is made comfortable and able to take a healthful position. Many spinal complaints and pulmonary diseases are produced by improper desks; 6. Means for drying wet wraps should be provided; 7. Precautions against fire should be had, especially in the heating apparatus and the chimney; 8. "In as much as the State educates the children, and compels their attendance in public buildings, the State should see that the children are not subjects to any preventable cause of disease."

This paper called out a long discussion, participated in by Dr. Avery, of Greenville, President of the State Board of Health; Prof. Vaughan, of Ann Arbor, member of the State Board of Health; Prof. McLouth, of the State Agricultural College; Prof. Langley, of the Michigan University, and many others.

Dr. Bion Whelan, of Hillsdale, Mich., spoke on

"SANITATION IN SMALL CITIES."

The water supply should be guarded from contamination from cesspools and vaults. If we could not have sewers, the most feasible plan for disposing of garbage is to divide the city into districts and have it removed by licensed scavengers. Sanitary science should be taught in schools. The women should be taught sanitary needs, as much of sanitary work falls upon them. The nature of contagious diseases, and means for their restriction should be known by all.

Dr. J. K. Kellogg, of Battle Creek, member of the State Board of Health, treated of the

"DISPOSAL OF SLOPS AND GARBAGE,"

illustrating by use of the blackboard. He pictured in a graphic way the ordinary condition of back-yards, as contrasted with front-yards. He prefaced his subject proper with a brief description of bacteria and other low forms of microscopic life and showed the relation of these to decay, no decay being possi-

ble without their intervention. He showed the importance and usefulness of certain sorts; the dangerous nature of others. He spoke of flies in relation to filth. They are a very strong indication of the presence of filth, and consequently of germs, and it is even believed that the germs of certain diseases may be spread by them. Whenever a house is full of flies, you may be certain that slops or garbage of some sort has been allowed to accumulate about the premises. He stated that the air about cesspools, foul drains, and other filthy places is usually swarming with micro-organisms, and he believed that even if such germs were not the direct cause of certain diseases, the continual breathing of such air predisposes thereto. All sources of filth should be carefully and speedily removed from the habitation and its vicinity. Garbage can be reduced to a minimum by a little attention to domestic economy. Much food that becomes garbage through carelessness could be turned to good use if not neglected. Even after due care, however, some refuse will remain. So far as possible this should be burned. That is the best method of disposal. Where it is impracticable a water-tight, covered receptacle can be used for receiving such refuse, which should be removed frequently by a paid scavenger, or otherwise. Slops should not be thrown upon the ground, into open drains, or into cesspools in the yard. He had known of frequent instances in which wells and cisterns were contaminated from the seepage of foul privies, drains and cesspools. If slops must be poured on the ground, set off a portion of the back end of the garden, and distribute the slops on different parts of it on alternate days, giving in this way some opportunity for soil to oxidize the organic matter. Slops containing excreta from contagious diseases should be thoroughly disinfected.

Chas. R. Whitman, of Ypsilanti, one of the regents of the Michigan University, read a paper on the

"LIMITATIONS AND DUTIES OF LOCAL BOARDS OF HEALTH."

The powers and duties of local boards of health should be as follows:

1. To ascertain the causes of sickness and of death, and from time to time the prevailing diseases among all classes.

2. To prevent or mitigate diseases, especially zymotic or epidemic, endemic, and contagious diseases.

3. To effect the periodical or special vaccination of the inhabitants.

4. To ascertain, prevent and remove or abate nuisances dangerous to public health.

5. To prevent the introduction of malignant, infectious or contagious diseases, and to isolate persons afflicted or believed to be afflicted with such diseases.

6. To establish, locate and manage hospitals for persons having contagious diseases.

7. To prevent the sale of any article for food or drink which is unwholesome.

8. To enforce these regulations by a sufficient penalty.

Mr. Whitman said that the radical defect in the law defining the powers and duties of local boards of health is the lack of a general law forbidding evils and imposing penalties. Such a law should be enacted, and it should be as sweeping and as readily enforced as is the criminal law. He thought that the subject of sanitation should become one of education in the schools, so that the future citizen, architect, and physician may be established in principles of sanitation.

After a thorough discussion of this paper, participated in by Prof. A. B. Palmer, of the University of Michigan, and many others, it was voted that Mr. Whitman be requested to draw a bill suitable for presentation to the Legislature, framed to cover the question under discussion, and suited to correct existing defects in the present law. The bill is to be published in the proceedings of this convention.

Dr. A. F. Kinne, in a paper on

"SOURCES OF MALARIA IN YPSILANTI,"

took the ground that malaria is caused by a malarial germ native in certain soils and waters. Boards of health should require that the basements and sub-floor spaces be thoroughly ventilated; and no mill-dam owner who used water should

be allowed to keep the pond much less than full.

Dr. O. W. Wight, Health Officer of Detroit, spoke on the

"PREVENTION OF COMMUNICABLE DISEASES."

He showed clearly the contagious nature of those diseases; the great and unnecessary loss of human life resulting therefrom; and how they were best restricted, citing cases from his own long experience in Milwaukee.

Prof. Jas. H. Shepard, of Ypsilanti, read a paper on

"THE PRESENT CONDITION OF THE WATER-SUPPLY OF YPSILANTI."

The city has been settled sixty to seventy years; it has no sewers, and the privy system is in use. The drinking water is obtained mostly from shallow wells. Ten careful analyses of well water had been made, and in eight of them chlorine and albuminoid ammonia were found largely in excess of what pure water should contain. The water of a drive well, and that of the Huron river, which runs through the city, were comparatively pure.

A paper by *Prof. C. F. R. Ballows*, of Ypsilanti, on

"THE FUTURE WATER-SUPPLY OF YPSILANTI,"

was next read. It is an able paper, but is of rather local interest, although the principle recommended may be quite generally adopted.

The proposal is to have a general water-supply from one very large well outside the city proper, in such a locality that the water-shed supplying the well shall not be liable to contamination by privies, etc.

The papers on water-supply called out a spirited discussion, led by Dr. Wight, of Detroit, and Prof. Palmer, of the University.

Dr. Ruth A. French, of Ypsilanti, read a paper on

"MANAGEMENT OF EARTH CLOSETS."

It is a practical way out of the "privy nuisance" for towns too small to have sewers and a general water-supply. Earth closets deodorize the excreta; destroy germs of contagious diseases; and are necessary to invalids.

Erwin F. Smith, of Lansing, spoke on the

"RELATIONS OF SEWERAGE AND WATER-SUPPLY TO THE DEATH-RATE IN CITIES."

His general propositions were:

1. Some method of sewage disposal is a necessity of civilized life.

2. Dry earth closets, *properly cared for*, will answer for isolated dwellings and small villages, but water carriage is the only system adapted to large towns and cities.

3. The prevalence of typhoid and cholera is in an inverse ratio to the sewerage of a city.

4. The modern increase of diphtheria cannot be attributed to sewers.

5. The death-rate from all causes falls whenever a city is thoroughly sewered, and never attains its *ante-sewered* maximum.

6. Judged solely from the standpoint of pecuniary economy—the lowest of all standards—sewerage and water-supply can be successfully defended against all opposition.

The statistics used in this paper are drawn from the highest authorities, American and foreign; are brought down to the close of the year 1884, and in many cases cover long periods—ten to forty years. They show that typhoid fever has fallen off from one-half to nine-tenths in several cities since they adopted sewerage, and that such cities are practically secure from the ravages of cholera. *Per contra*, in non-sewered cities, the typhoid fever and the cholera mortality is as great to-day as it was thirty years ago.

Dr. H. F. Lyster, of Detroit, advocated the separate system of sewerage as best, and said it could be built in small cities for about $6,000 per mile. He spoke of the evil influence of soil infection by vaults and privies and urged sewerage as a sanitary necessity.

At the close of the convention arrangements were made for the organization of a local sanitary association, the local committee of the convention being a committee to complete this organization.

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

(*Specially Reported for the Maryland Medical Journal.*)

STATED MEETING HELD JUNE 4, 1885.

The Society met with the President, Dr. W. W. Johnston, in the Chair; Dr. McArdle, Secretary.

Dr. A. Y. P. Garnett presented a specimen of an

ATHEROMATOUS DEGENERATION OF THE CEREBRAL ARTERIES,

together with a kidney from the same subject.

He then gave the following history of the case:

The specimen of atheromatous degeneration of the cerebral arteries, which I present to the Society to-night, is taken from a subject 48 years of age, whose previous family history is free from any acquired or hereditary taint, and whose habits were temperate. He came under my care during the month of June, 1883. At that time he complained only of a persistent headache accompanied by a slight derangement of digestion. The headache, he informed me, he had suffered from ever since early boyhood, otherwise he had enjoyed excellent health. I prescribed some simple remedy with a view of correcting his disturbed digestion, and instructed him to observe an abstemious diet; saw no more of him until the latter part of the following month, July, when I was requested by Dr. Marmion to see him in consultation. I found since my last prescribing he had consulted that gentleman for some imperfection of vision.

The following note from Dr. Marmion will give a correct idea of the history of the case from that date.

Dear Doctor:

Mr. Cooke came to see me in the early part of July. He complained of "something wrong with his sight," and "wanted a prescription for glasses." Felt otherwise perfectly well. He told me he never felt better in his life, and that barring occasional sick headaches, which he traced back to his youth, he had always been healthy and well. His vision I found was with the right one-half barely, with the left one-fifth. Upon examining with the ophthalmoscope, I found all the evidences of "retinitis albuminuria;" retinal veins engorged; optic papillæ shrouded by light greyish halo or mist, extending some distance beyond the periphery of the optic discs, and rendering indistinct the retinal vessels; several small plaques at a short distance from the papillæ (which were more numerous near the region of the "maculæ luteæ), and, in a word, all the phenomena which coupled with changes in the immediate region of the maculæ luteæ, characterize Bright's disease. The strange feature of his case was that the most diligently made analysis of the urine failed to detect granular casts, or, indeed, casts of any description, while only the faintest trace of albumen was in some of the earlier tests discoverable, and in some few none at all. A still more remarkable feature was the large amount of urea excreted daily, amounting frequently to 450 grains in 24 hours. The patient's health and spirits were, in the beginning, and continued to be until December, remarkably good. About this time anorexia made its appearance, and the milk diet (not very rigorously followed) became almost intolerable to him. At my urgent request he went in December to consult Dr. Agnew, who confirmed the diagnosis, recommended a trip to Florida, and sent a carefully prepared statement of the condition of the urine, according to which the chemist had discovered, after twenty slides had been used, *two granular casts.* A trace of albumen was reported and the unusually large amount of urea commented upon. In February blood began to show itself, and this was preceded several weeks by the most intense occipital headaches radiating in waves, as he described it, to the forehead. Vomiting set in about the same time, and early in March, extensive hæmaturia, followed by great prostration, coma and death.

The absence of convulsions during the entire disease may be accounted for, I

think, by the abnormal excretion of urea. The autopsy discovered the most general and symmetrical atheroma I have ever seen. The entire arterial system, from the aorta to the smallest vessels of the choroid plexus was involved, and the changes were perfectly symmetrical.

NOTES OF AUTOPSY MADE ON MR. C. MARCH 23, 1885.

Present: Drs. Garnett, Lincoln, Acker, Marmion, and Mr. Noble, a medical student.

Body well nourished. Fat and muscular layers of abdomen good.

Lungs: Small amount of hypostatic congestion.

Heart: Enlarged. Hypertrophy both sides, more marked in left, which was about one inch thick. Valves normal.

Atheromatous condition of aorta.

Liver: Tissue soft. Slight nutmeg appearance.

Spleen: Small. Tissue soft. Capsule thick and wrinkled.

Stomach and *bowels* normal.

COMMENTS.

In the investigation of this disease we are naturally led to a consideration or study of its pathological aspects entirely, since the symptoms which accompany its presence are so vague and closely analogous to those which we obtain in other cerebral diseases that it is almost impossible to properly and accurately diagnose it. I shall not therefore attempt to describe any particular set of symptoms or conditions which we may recognize as pathognomonic.

Where the disease is general affecting the superficial vessels, we, of course, distinguish the chorded inelastic feel of the radial artery, which taken in connection with a gouty diathesis, would justify the suspicion of atheroma.

The pathological features of the disease, as I have before said, become the chief points of interest and study.

Those arteries which are most frequently the seat of atheromatous degeneration are the aorta, coronary, cerebral and renal. Of these, possibly the cerebral and renal are oftener attacked. Pathologists tell us it is most frequently the result of endarteriitis deformans, as designated, I believe, by Virchow, producing a thickening of the inner coat of the vessels. In order to understand and appreciate correctly its mode of invasion and progress, it is well to bear in mind the minute anatomy of the arterial tube, the inner coat consisting of a layer of flattened cells or endothelium, the tunica intima composed of elastic tissue, the muscular coat or tunica media consisting of muscular fibres arranged transversely and finally the adventitia, consisting of muscular fibrillæ, arranged longitudinally, and connective tissue. Bearing in mind this anatomical arrangement of the component parts of the arterial walls, we can readily follow the progressive development of the different stages of atheromatous disease. During the first stage of endarteriitis deformans, small grayish patches may be observed along the inner surface of the vessel situated between the tunica intima and the tunica media, semicartilaginous in consistence and formed by a rapid multiplication of cells of the tunica intima.

The cellular elements undergo a process of fatty degeneration, becoming yellowish in color and pasty in consistence, constituting true atheroma. This pasty mass may pass on to a condition of calcification, sometimes projecting into the vessel in the form of spiculæ or irregular bodies, and at other times forming rings of calcified substances around the entire calibre of the vessel, the cerebral arteries being perhaps the most frequent seat of these calcific developments. In some instances these plaques or patches affecting the intima become ulcerated and are known as atheromatous ulcers; sometimes passing rapidly into calcification, the entire elasticity of the vessel is lost and it becomes rigid and unyielding.

As I am only touching cursorily upon this comprehensive subject of pathology, I shall not attempt a description of the several varieties of this disease.

It is generally regarded by pathologists as especially a necrosis with granular and fatty disintegration of the thickened intima. The first step, according to Virchow, being a kind of gelatinous degeneration of the intima leading to swelling of its tissue and followed by a prolifera-

tion of the tissue elements of the intima, which bring about a fibrous thickening and sclerosis, this condition being the result of a chronic endarteriitis, which began as an acute affection. Senile atheroma is never the result of inflammation, but the consequence of metaplasia and degeneration. The dangers resulting from this disease, especially when the cerebral arteries are attacked, are numerous and formidable. Loss of elasticity and diminished lumen of a vessel cutting off the blood supply from certain portions of the brain, arresting nutrition and producing softening, rupture of the arterial coats and cerebral hemorrhages.

Aneurisms in the larger vessels, such as the aorta, complete occlusion and rigidity of the larger vessels from atheromatous disease becomes a frequent cause of hypertrophy of the left ventricle in consequence of the increased work imposed upon it.

The accident of hemorrhage may at all times be a legitimate cause for anxiety and alarm, whenever this condition of the arteries is known to exist. The integrity of the arterial coats having been destroyed by fatty degeneration and calcification, rupture may at any time result and a fatal hemorrhage ensue, thus we may have cerebral hemorrhage—when the arteries of the brain are so diseased and hematurin as occurred in this case when those of the kidneys were similarly affected. Among the causes supposed to give rise to this disease may be mentioned overstraining of the arteries, habits of intemperance and gout. As a predisposing cause, syphilis and rheumatism. In the arteries, the cirrhotic form of Bright's disease, owing to a destruction of the capillary tufts an atheromatous condition of the vessels ensues. It is not always, however, that this condition of the arterial tunics is dependent upon antecedent endarteritis. Not unfrequently in the aged we find deposits of phosphate and carbonate of lime in the middle coat of the vessel producing a friable condi tion of the arteries, which is a purely nophlogistic and senile process.

Under this head we may also class gummatous disease of syphilis and nodose swellings affecting the arterial tunics, not preceded by endarteriitis. We might also include ossification and waxy or amyloid degenerations which affect the minute arteries of the kidneys.

Correspondence.

THE INTERNATIONAL MEDICAL CONGRESS AND ITS WORK OF RE-ORGANIZATION.

Baltimore, July 18, 1885.

Editor Maryland Medical Journal.

Sir:—As an humble member of the medical profession, and one who had looked forward with much interest to the proposed International Medical Congress of 1887, I write to thank you for your timely and very able editorial of the 11th inst. upon this much to be regretted and, I think, disgraceful controversy. I fully agree with you that the composition and the work of the Original Committee was not without fault, but the change has only made what was faulty very much worse. So much so that anything like an amicable adjustment between the Committee as originally and as at present constituted. Such as will insure the success of the proposed Congress seems an impossibility. In your issue of to day (July 18th) you come to the rescue and, I think, suggest the only way out of the difficulty that is likely to prove successful and satisfactory, viz., the resignation of the entire Committee as at present constituted and the religation of the entire matter to the general profession. This will give an opportunity to correct or rather avoid the mistakes of both Committees, and perhaps give us if not a better at least a more representative scientific body of men to represent this country in the Congress than either Committee had by its selections given reason to expect. As Baltimore is perhaps as largely responsible as any of her sister cities for the present difficulty, it would be a matter of as great pleasure as pride if to her should belong the credit of pointing the way to a happy issue out of all of this trouble. "All's well that ends well."

W.

MARYLAND MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery,

T. A. ASHBY, M. D., EDITOR,

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BALTIMORE, JULY 25, 1885.

Editorial.

PERSONAL OBSERVATIONS OF THE WORK OF LAWSON TAIT.—In no way can a clearer insight be gained into the methods and work of the surgeon than by a personal observation of his clinical material. During the past few years Mr. Lawson Tait, of Birmingham, England, has given ample proof by his writings and statistics that his work in abdominal surgery was not only bold and original but, eminently successful. Mr. Tait works in his own private hospital, and his methods have not been so open to public inspection as those of surgeons who operate in large public institutions. Since Mr. Tait began to develop as the leading abdominal surgeon in England many statements have been made which were intended to cast discredit upon the operator's truthfulness, and upon the correctness of his statistics and methods. It is but just to Mr. Tait to say that he has lived down the injustice of these insinuations against his work and to-day stands at the head of his profession as a careful, painstaking and skilful surgeon.

Opportunities for the study of Mr. Tait's clinical material are quite limited, but now and then this privilege is accorded to an American surgeon. Recently Dr. A. Vander Veer, of Albany, New York, has enjoyed this privilege. Dr. Vander Veer now gives the profession the results of his personal observations on the work of Mr. Tait in the *American Journal of Obstetrics*, etc., for July, 1885. We are informed that Mr. Tait is not only an original thinker, but a careful, cautious and great surgeon. "His hospital is a model of all that we could wish regarding quietness, cleanliness, and perfect system, not only in nursing, but in everything. The discipline is the outgrowth of years of hard work and close application, and yet Mr. Tait is scarcely forty years of age. He has described quite fully in his book the necessary preparations incident to an operation, and yet to witness all is a study. Everything is arranged by the nurses after being told of the nature of the operation and the hour of operating. He selects young, intelligent, and prepossessing women, whom he trains for the work he so much enjoys, and they in their desire to learn and please become true enthusiasts in the struggle to save life. He will not have morose, untidy, or homely women as nurses. Mr. Tait enters the room, and almost at a glance tells whether all required instruments are selected. He brings his bag of carefully prepared sponges, and counting them again, tells the assistant nurse their number, and she is held responsible for them. So also in regard to the number of forceps and other instruments." Dr. Vander Veer next relates Mr. Tait's method of preparing the sponges. "New sponges are first put into a large quantity of water with sufficient muriatic acid to make the water taste disagreeably acid. They remain in this mixture until all effervescence has ceased and all the chalk is removed. For this purpose it may be necessary to renew the acid several times. The sponges are afterwards carefully and thoroughly washed to make them as clean as possible and free from every rough particle. After being used at an operation, they are first washed free from blood, and then put in a deep jar and covered with soda and water (one pound of soda to twelve sponges). They are left in this about twenty-four hours (or longer if the sponges are very dirty), and then they are washed perfectly free from every trace of soda. This takes several hours' hard work, using hot water, squeezing the sponges in and out of the water and changing the water

constantly. Leaving them to soak for a few hours in very hot water greatly assists in the cleansing. When quite clean they are put in a jar of fresh water containing about one per cent. of carbolic acid, and after being in this for twenty-four hours they are squeezed dry and tied up in a white cotton bag, in which they are left hanging from the kitchen ceiling (being the driest place in the house) till they are wanted."

The true secret of Mr. Tait's success is found in the very close attention given to minute details. Neatness, system and order prevail throughout his hospital, which, from the description given by Dr. Vander Veer, is a model of comfort and cleanliness. Mr. Tait looks after everything himself, and is so surrounded with trained and disciplined assistants that his work is executed in the most perfect manner. His sole aim has been to secure results and to reach this end he brings to bear upon his work every prerequisite. The genius of the man flashes out, not only in his remarkable dexterity and skill with the knife, but, in the infinite pains and alert watchfulness given to every case. Mr. Tait's success in abdominal surgery is an illustration of what can be achieved by any surgeon who is able to control the surroundings of his patients and thus raise the practice of the science to the highest plane of art.

Multiple Sarcoma of the Skin: Treatment by Hypodermic Injections of Fowler's Solution, with Recovery. —In the *Boston Med. and Surg. Jour.* of June 25, 1885, Dr. Fred. C. Shattuck reports an interesting case of multiple sarcoma occurring in a female, aged 31 years, a dressmaker by trade, who had previously enjoyed good health. She presented herself for treatment on July 26, 1883. Seven months before she had experienced some pain along the lower jaw and had noticed the presence of nodules behind the angles of that bone. Two months later the nodules appeared over her right shoulder, then on her right arm, next on the left arm, next in the abdominal wall. The appearance of the nodules was preceded by local tenderness and followed by discoloration. Three weeks before admission the patient had noticed her face becoming fuller than normal, and she began to suffer from pain in the cardiac region and shortness of breath on exertion. There had been a diminution of strength but not of flesh.

On admission the body functions were in fairly good order; pulse 120, regular, but rather weak. There was some œdema of the eye-lids and face. Scattered throughout the skin of the upper extremities and the body as far as the umbilicus were hundreds of nodules, mostly about the size of a pea. Over the inner aspect of the arms the nodules were discrete, not raised above the surface, slightly tender on pressure; the skin could be wrinkled over them, and was not discolored. On the other hand, over the shoulder, outer aspect of the arms, breasts, upper abdomen and back—though in the latter situation to a less degree—the nodules were so thickly sown as to form large masses or plates, very hard and but very slightly tender; the skin could not be pinched up or wrinkled, and was markedly erythematous, with slight scaly desquamation of the epidermis. On the legs a very few nodules could be felt and there was no erythema. The glands at the angles of the jaw were enlarged, but those of the axilla and groin were apparently normal. Thorough examination failed to reveal any material modification of the great viscera. A diagnosis of multiple sarcoma of the skin was made and concurred in by Drs. White, Wigglesworth and Tilden. At first a general tonic treatment was used, but in a few weeks this was substituted by Fowler's solution administered subcutaneously; the author being attracted by the brilliant success of Köbner in using this plan of treatment in a similar case. An injection of four minims of Fowler's solution, diluted with an equal quantity of water, was given by Dr. S. once daily, deep in the thigh. About six weeks later this was increased to six minims. The general health of the patient improved; a few fresh nodules appearing, but the old ones disappearing in much larger numbers.

The treatment was persisted in until the middle of March, the patient meanwhile having been taught to administer the injections herself. At this time the first and only abscess that had occurred was opened. A few nodules still remained, but the masses which filled the skin over the breasts, abdomen and the outer side of the upper arm had entirely disappeared. During the past year she has been under observation from time to time without any treatment whatever; has worked steadily at her trade, and is now to all appearances in perfect health.

Dr. S. notes the interesting fact that ten days after the arsenic was stopped the urine was examined for its presence with a negative result.

Cases of multiple sarcoma are rare, there being only thirty-five to forty recorded in medical literature. The authorities have little to say on the subject, although the course of the disease is well understood, but all agree that the prognosis is unfavorable and the course generally a rapid one. The majority of cases have occurred in the male sex, and most commonly in advanced middle life.

Dr. Shattuck's case is only the second one recorded where recovery took place; Köbner's case, before referred to, being the first. Two years have elapsed since the last report regarding the latter, and, as far as is known, the patient still remains well.

It is to be much regretted that one of the tumors in the case of Dr. S. was not submitted to a careful microscopic examination, as was done by Köbner. Dr. Shattuck states that he wished to do so but the patient objecting, he put off performing the operation of excision on account of his then having little faith in the curative powers of the arsenic. He thinks, however, that even without the aid of the microscope the diagnosis cannot be doubted—the experts were unanimous in their opinions regarding it, while his own experience included two other cases of the affection both of which had resulted fatally.

The reporter concludes with two questions; Was the cure really attributable to arsenic? If so, would not the drug have acted as well administered in the usual way by the stomach?

These are questions worthy of consideration; and they can only be satisfactorily answered after extended experience with the arsenic treatment of the disease.

The fact that nothing has as yet been discovered which would influence in the least degree the progress and growth of sarcoma gives to these cases an extremely interesting and important bearing.

A Case of Traumatic Linear Atrophy.—Dr. Vincent Y. Bowditch, of Boston, (*Bost. Med. and Surg. Journ.* of June 25th) relates an interesting case of linear atrophy occurring in a widow, aged sixty years. The patient was of a decidedly nervous temperament and had been under treatment for a long time for an harassing cough, which was attributed to a nervous origin. She had suffered for some years with slight aortic disease, which during the last two years had shown more marked symptoms, while during the same time her bodily weight had greatly increased, notwithstanding the fact that her condition was one of general debility.

Extreme sensitiveness confined to the lower abdomen was complained of, and upon examination, the walls of the abdomen were found large and pendulous and very sensitive, but nothing further abnormal was discoverable. At the second visit a week later, the lower quarter of the abdomen, down to the pubes and Poupart's ligament, was found very hyperæmic, and ramifying upward in every direction were curious, whitish, œdematous-looking elevations from one-eighth to one-fourth of an inch in width, most marked near the pubes and median line and gradually disappearing where the hyperæmia ceased; the whole having in arrangement the appearance of the branches of a tree, and giving to the finger the sensation of very soft, crumpled rice-paper. The hyperæmia increased and the elevations became more pronounced and in some places they coalesced so as to form lumps as large as half a pullet's egg. There was no marked tenderness, but a feeling of heat and puckering was continual with a sense of distension of the parts, causing much discomfort to the patient when sitting

upright. In about one month from the time of the appearance of the disease the hyperæmia and swelling had entirely disappeared, leaving only numerous cicatrices, similar to those noticed on the thighs and abdomen of a woman who has borne children or whose abdomen is large and pendulous. The treatment of the case was insignificant and did not modify the course of the disease. A liniment containing aconite root, with soap and opium, was first used without checking the then increasing hyperæmia; this was replaced a week later by a lotion of acetate of lead, which in turn was soon discontinued and an abdominal support ordered. The latter was not used, so that the case progressed favorably without effective treatment, which is usual with the disease.

In the *Journal of Cutaneous Medicine* (vol. i, p. 140) Sir Erasmus Wilson speaks of "Striæ et Malculæ Atrophicæ Cutis, or false cicatrices of the skin." By these names he designates the whitish, slightly curved, puckered streaks so well known to us as seen on the abdominal walls and thighs of women who have borne children. He considers that these marks are due to rupture of the corium with loss of the subcutaneous fat, of the papillary layer of the derma, of its vessels and nerves, leaving a smooth and unmoulded epidermis. From this loss of substance arises the name of striæ atrophicæ, or linear atrophy. He mentions, also, the existence of similar false cicatrices in the skin which have arisen under different conditions from those of pregnancy, and divides them, according to the nature of their origin, into three classes of linear atrophy, namely: (1) neurotic, (2) traumatic, and (3) idiopathic.

Under the first head come the lines sometimes noticed over the course of cutaneous nerves which have been paralyzed. For instance, in cases of paralysis of the supra-orbital, the course of the nerve can be traced by the whitish line which marks the position of the nerve, and which, some time later, loses its sensibility and becomes atrophied, resembling the scar of a sword-cut, the line in this case being more firm and condensed than in the other forms.

Under the second head, namely, the traumatic form, Wilson considers all those cases which arise from overdistension of the skin from causes acting from within, and mentions the conditions of pregnancy, of dropsy, and obesity. He likens this condition to that of a rubber bag which is overdistended with gas; it first yields, and then gives way at the weaker places. He concludes: "In the corium this violence is accompanied with hyperæmia and is followed by exhausted nutritive power and atrophy."

The third, or idiopathic form, he considers appears without apparent cause, although the nutrition of the skin is evidently affected by an unhealthy general condition. Unlike the traumatic form, moreover, it appears in parts of the body not subjected to distension of any sort.

Dr. Bowditch places his case under the second head, namely, linear atrophy of traumatic origin. The rapid accumulation of subcutaneous fat together with the long-continued paroxysmal cough, causing frequent and violent distension of the abdominal walls, brought about an overdistension of the skin covering the latter, which, owing to the debilitated condition of the patient, yielded; and, after a few weeks of acute hyperæmia and swelling, the symptoms gradually subsided until no vestige of the trouble was left except the small cicatrices of the ruptured corium.

The diagnosis between linear atrophy and keloid is often difficult; but in this case, the course of the disease, its sudden appearance and comparatively rapid disappearance, the absence of tenderness in the tumors themselves; all are facts which exclude the presence of keloid. The slight elevations resembled the tumors of that disease but their rapid shrinking, leaving nothing but atropic lines, is another proof of the non-existence of keloid.

In the discussion which followed the reading of the paper Dr. White referred to the fact that linear atrophy is not a true atrophy, but an overstretching of the skin by which its elastic fibres lose their contractility, and the bundles of fibrous tissue forming the skeleton of the corium and normally interwoven in the form of a net-work, are pulled out straight and

left in a permanently parallel direction; this stretching of the corium might result in a real fracture of the tissues. The uncommon features of the case reported are (1) The hyperæmia and tenderness of the parts were as pronounced as in an active dermatitis. (2) The elevation and firmness of the radiating ridges resembled keloid or hypertropied scar formation, and must have been due to the presence of the products of the inflammatory infiltration.

Leading Opinions in Regard to the Re-organization of the Ninth International Medical Congress.—Perhaps no subject has so engrossed the attention of the medical profession of this country as the one which has been made so prominent by the action of the American Medical Association in reference to the Ninth International Medical Congress. For some weeks past the leading medical journals, both in this country and in Europe, have had something to say upon this subject, and the profession has been fully informed in regard to the various points at issue. The unanimity of opinion upon the various points discussed is a notable feature in this controversy.

Perhaps, with the exception of one or two journals, the medical press, both in the United States and in England, has disproved of the action of the American Medical Association in overthrowing the work of the Original Committee on the organization of the Congress. In fact, we are unable to mention at this time but one prominent journal which has sustained the Association in its course, and this is the journal owned by the Association and conducted solely in its interest. There seems to be no doubt in the minds of unbiased and disinterested observers that the Association has been drawn into a position wholly untenable and unwarranted, and that its action was not only unwise but revolutionary. It is also evident to those who wish to see things in their true light, that the Association was drawn into this muddle by the action of but comparatively few of its members, whose motives, for their part in this affair, were not of the most disinterested character. The present outlook for the Congress admits of but one opinion, which is this, that the Association has committed a serious blunder and has shown itself incapable of reorganizing or conducting the Congress under its auspices. It seems clearly the duty of the Association is to resign this matter into the hands of the general profession. The Association has so completely forfeited the confidence of the best minds in the profession, and has so antagonized the medical press of the country that it seems a mistaken policy for it to attempt to proceed with the work of re-organization. The new Committee entrusted with this matter finds itself embarrassed and restricted in its actions from every direction. Many of its appointees have declined to serve under its administration, and it will also find that as it attempts to fill vacancies other vacancies will occur.

To make a long story short we much doubt whether many physicians with self-respect will consent to accept the gifts of this Committee second hand. No man with proper feelings desires to be put in a false position and to accept honors already declined by others. Facts are stubborn realities, and the sooner the present Committee on the Re-organization of the Congress realizes the doleful part it has been called upon by the Association to play and refuses to perform this part, the better will it be for the Association, for the Congress and for themselves. The resignation of this Committee will relieve the present embarrassment of the affairs of the Congress. It will then be possible for the Association to re-organize this work, or else to quietly abandon the scheme of holding the Congress under its auspices. The latter policy would seem to be the most advisable from the present point of view.

A number of suggestions have been offered looking to the rehabilitation of the affairs of the Congress. The *Medical Record* suggests that "a meeting of the American Medical Association, entirely revoking its New Orleans work and restoring the old Committee with its liberal policy, might, perhaps, save the Congress." The *Phila. Med. Times* suggests that there be a national gathering for the purpose of forming a new organization of

the Congress. The *N. Y. Med. Journ.* suggests: "If the Association can be made to feel that its action in this matter meets with general condemnation, there is some hope of its being rescinded in St. Louis next year. If the *status quo* should then be restored, there would still be more than a year in which to prepare for the Congress, and the gentlemen whose further services in its organization have been lost for the time being in consequence of their having resigned from the committee in disgust, might perhaps be induced in reconsider their determination."

The *Phil. Med. News* says: "It must be evident that the action of the American Medical Association and of its new Committee, if persisted in, will result in a disgraceful failure."

The plan we would offer is this, that the Association undo its work at New Orleans and restore the work of the Original Committee on Organization, and let the Congress proceed as thus originally organized. If the Association will not accede to this proposition we would suggest that a Committee on Organization be constituted as follows, and that the sole duty of re-organizing the Congress be entrusted to this Committee. The Committee shall consist of the President of the American Medical Association and of the President of each of the State medical organizations, of Surgeon-Generals of the Army, Navy and Marine Hospital Service and of the Presidents of the National Medical and Scientific Associations and Societies. Such a Committee would represent every professional and scientific interest in this country, and it could be entrusted with such an important work as that of organizing an International Medical Congress.

This Committee, profiting by the experience of the present muddle, would doubtless surround the Congress with men of a non-political character and would consider the scientific work of the Congress as the important and cardinal feature in its organization and conduct. It is perfectly feasible and practical for a Committee to be constructed after the plan here proposed, for it is only necessary for these different Presidents of State and National Medical Societies and for the Surgeon-Generals of the Army, Navy and Marine Hospital service to meet at a suitable place, to organize and to nominate the various officers of the Congress. The work performed by this Committee would give, in our opinion, entire satisfaction to the profession in America, and it would ensure a successful Congress in 1887.

Miscellany.

The Massachusetts Pharmacy Law.—The pharmacy bill recently passed by the Massachusetts Legislature having received the signature of the Governor, is now a law.

The bill provides that the Governor appoint a board of registration in pharmacy, consisting of five skilled pharmacists of at least ten years' practical experience, no two to be in business in the same town or city. Each year the term of one of the five will expire, and a new appointment to the board is to be made. The board will meet at least three times a year. All who have been engaged in the business for three years at the time of the organization of the board can upon application simply be registered on payment of fifty cents; all others, however, will have to pay five dollars and prove their qualifications by passing an examination. All the fees received by the board, its secretary will pay into the State treasury monthly. From these fees the State treasury will pay each member of the board five dollars for each day actually spent in these duties, and also traveling expenses—provided that the fees paid to the board are sufficient. The records of registrations and fees will be open to inspection at the office of the State Secretary.

The board will report annually to the Governor its acts and the condition of pharmacy in the State. All apothecaries doing business without registration are liable to a fine of fifty dollars, and it is the duty of the board to have complaints made against all such to the district attorneys. This act does not apply to physicians dispensing their own medicines, to wholesale druggists not retail-

ing, to patent medicines, or non-poisonous domestic remedies usually sold by grocers.

The bill was passed through the influence of the State Pharmaceutical Association.

Cerebral Symptoms in Early (Secondary) Syphilis.—In the *Boston Med. and Surg. Jour.* of June 18, Dr. F. B. Greenough, of the Skin Department of the Boston Dispensary, reports five cases of cerebral trouble occurring in the early stage of syphilis, averaging five and a half months from the appearance of the initial sore.

These symptoms were in all the cases preceded by severe cephalalgia; all showed partial paralysis of certain muscles; and in all the lesions of the skin and mucous membranes were mild and of short duration. This last observation coincides with the statistics already collected by other observers, but the reporter does not think that this fact warrants the belief that the mild and benign character of the skin and mucous lesions is ever to be taken as anticipating the onset of cerebral symptoms, for many cases of syphilitic disease are mild throughout their whole course.

In these reported cases of syphilitic cerebral disturbance the cephalalgia, which preceded the attack was always of a severe type, having well-marked and definite characteristics, such as its decided tendency to exacerbations towards evening, and its quick yielding to the iodide of potassium, although the reporter was not able to corroborate the statements of other writers on this subject, to the effect that the cephalalgia is confined to one-half of the head, but on the contrary, he has found it either frontal or occipital, in the early stages chiefly the former. The pain is described by some patients as a feeling of great pressure inside the skull as though "the whole brain had swollen, and was too big for its box;" while others refer the pain more to the exterior, and at times experience even a tenderness at certain points in the scalp.

The predisposing causes of the cereral symptoms of syphilis have received much attention from Faurnier and Heubner, who say that beyond the influence of the weak spot the *pars minoris resistentiæ*, they find that excesses in venery, abuse of alcohol and tobacco, great fatigue either physical or mental, mental griefs and shocks, etc., may act as such.

The diagnosis of these cases is generally without difficulty, but the character of the cephalalgia; the slowly progressing and incomplete paralysis; and the aphasia or hesitancy of speech—a symptom pretty constantly met with—together with the comparative youth of the patient and the marked powers of the iodide, wou d, even in the absence of all the ordinary syphilitic symptoms, be sufficient to render the diagnosis certain.

Regarding the pathology of the affection, whether these symptoms are the result of a simple temporary inflammatory process affecting the meninges of the brain itself, corresponding to the macula of the cutis and the superficial mucous patch of the mucous membrane, and which leaves no structural alteration behind it; or, on the other hand, the result of a precocious development of the neoplasms such as are found, as a rule, only in later stages of the disease, is still an open question. But certainly the former seems the more acceptable theory.

All the cases reported by Dr. G., except one fatal case, rapidly recovered under the influence of the iodide of potassium given in moderate doses, i. e., ten to twenty grains thrice daily, with a mercurial added in cases where it seemed to be indicated, the mercurial being continued after the iodide was withdrawn. The fatality in the one case referred to may be attributed to the long continuance of the disease before proper treatment was instituted. The reporter believes that the old doctrine—secondary, mercury; tertiary, iodide—is no longer tenable. He holds that in mercurials, properly administered, we have a true specific for the treatment and the cure of syphilis in whatsoever stage or period it may be, where its use is not contraindicated; while in the iodide of potassium we have an equally powerful specific to use against *certain symptoms*, at the head of

which stands those affecting the brain. Further, he does not believe in extremely large doses of the iodide in the general run of cases, but holds that smaller doses combined with mercury oftentimes prove effective where the largest doses of the iodide given alone had failed. Where the mercurial is given internally it is well to combine the iodide with a simple bitter, and have it taken just before meals, and the mercurial after eating. In administering the latter, minute doses (1/10 gr.) of calomel given hourly is a very efficient method, but is one which requires careful watching because of its being more liable to salivate. Inunction is the most certain method, but on account of the internal administration being, as a rule, to be relied upon, it is well to reserve its use as a stronger weapon to meet any emergency which may arise in the course of the disease.

Opinions on the Congress.—The leaders of the new Committee are at present actively engaged in trying to devise some form of compromise which will enable them to retain their own positions, and at the same time prever further defection, but this cannot be done. The leading members of the profession of the principal cities of the Union have declared their determination not to accept office. The presidents of nine of the Sections, the Secretary-General, as well as a large proportion of the vice-presidents and members of the Councils, have likewise declined to coöperate under the new organization. Self-respect, if nothing else, demands that a committee which has been so thoroughly discredited by the profession at large, and whose inability to organize an International Congress has been completely demonstrated, should at once resign. If its members do not, they fully justify the charge which has been freely made, that they place their individual interests above those of the profession, and that they prefer to see the Congress destroyed than themselves without office.—*Med. News.*

But the only way to bring the American Medical Association to its senses is for those of the committee's nominees who have the success of the Congress more at heart than their own tenure of office to continue the good work which has been begun in Philadelphia, Boston, Baltimore, and Washington. These cities happen to be situated in the East, but it is assuredly by no sectional feeling that they have been led, and we think our friends in other quarters of the country make a great mistake if they so interpret the action taken. It has unquestionably become the duty of every well-wisher of the Congress, no matter where he may live, to decline any participation in the emasculated affair which its present organization must necessarily lead to. The impression thus made upon the American Medical Association, together with the unusual care which we hope to see taken in the choice of delegates to its next meeting, may result in the regeneration of that body. This is a matter of even greater importance than the success of the International Medical Congress.—*N. Y. Med. Jour.*

At present the best hopes for the future of the Congress lie in the fact that we have two years yet before its meeting. This is time enough for a good deal of hot feeling to subside and for concessions and compromises to be made. There has never yet been a Congress, we believe, without considerable heart-burning. Any hopes in the emollient effect of time, however, need not be cherished unless with them there is seen a prospect of some very radical changes in the personnel of the Executive Committee and the removal entirely of any medico-political issue from the organization and membership of the Congress.—*N. Y. Med. Record.*

The Rôle of Bacteria in Parturition.—Dr. Henry O. Marcy, of Boston, in a paper with the above title, read before the American Medical Association, April, 1885, emphasized cleanliness in cases of parturition as important for the same general reasons as it is imperative in wound treatment; but because of the physiological conditions and relations, he discards as unnecessary the

vaginal douche in normal labor. He quoted from an exhaustive paper by Dr. Z. B. Adams, of Farmingham, Mass., many facts showing that the douche thus used, even in competent hands, might be a source of danger, even death. Prof. Schroeder, of Berlin, has recently had two fatal cases where the mercuric bichl. sol. 1 to 1000 was used.

In all operative cases, however, where septic infection might supervene therefrom, Dr. Marcy would insist upon the most rigorous exercise of antiseptic precautions as the fundamental factor of preventing infection. This had been advocated in the Boston Gynecological Society by the writer six years ago—a surgically-clean operator, clean instruments, etc.

The same general conditions pertain to the problem as belong to operative wounds. It is, however, emphasized and rendered much more important than in ordinary wounds, when the general conditions are thoroughly considered. In both cases there must exist not only the *seed* as the danger material, but also the *soil*. The planting ground is rarely the vagina, but the uterine cavity. It is difficult to conceive of an incubating chamber presenting more favorable conditions, the albuminous fluid furnishing abundance of food, the heat-point steadily maintained; open sinuses, lacerated vessels, denuded walls, through which ramify an abundant net-work of lymphatic vessels, all furnish conditions for generation and absorption rarely equaled. Micro-organisms thus rapidly generated are disturbed with astonishing facility, and a general infection rapidly supervenes.

Dr. Marcy followed with a series of interesting experiments to show that the danger resulted, as a rule, from micrococcal and not bacillary poisoning. This was deemed the more important, since here the odor was not marked, only slightlo sour, and therefore that which has usually been considered an important characteristic is wanting. Viewed from this standpoint, the subject of puerperal fever assumes a new and more intense interest. No subject in preventative medicine is of greater importance, and there can be no doubt that lives in large numbers have been saved by the adoption of wise precautionary measures, based upon the knowledge already attained of the role of micro-organisms in puerperal lesions.

Dr. Marcy closed by insisting that the subject, instead of being exhausted, was opening up new fields for better study and richer fruitage. Hecatombs of lives, of women in the ripe maturity of their usefulness, should no longer be annually sacrificed through the ignorant violation of laws now demostrated.

Action of the American Ophthalmological Society in Reference to the Arrangements for the International Medical Congress.—At a meeting of the American Ophthalmological Society, held at New London, on Thursday, July 16th, the following resolution, offered by Dr. Samuel Theobald, of this city, and seconded by Dr. William Thomson, of Philadelphia, was adopted:

Resolved, That it is the sense of the American Ophthalmological Society that the action of the American Medical Association, at its late meeting in New Orleans, and of the enlarged committee appointed at that time to make arrangements for the International Medical Congress, in overturning much of the carefully-planned work of the Original Committee appointed at Washington for the same purpose, was unwise, and not to be defended, unless, possibly, upon technical grounds; and this Society hopes that none of the members will endorse the action of the enlarged committee by accepting official positions at its hands.

An Anomalous Human Lung having Four Lobes on the Right Side.—Dr. William A. Edwards records in the July number of *The Amer. Journ. of the Med. Sci.* an instance of this extremely rare anomaly, which was situated between the middle and lower lobe, it was quite as long as a man's hand, and at its widest part measured two and a quarter inches, tapering to a quarter of an inch, and finally to the thin border as in the other parts. Its tissue was normal and functionally active.

Medical Items.

Dr. John L. Atlee, the venerable ex-president of the American Medical Association, died at his home in Lancaster, Pennsylvania, on July 18th. Dr. Atlee was born on Nov. 2, 1799, and was at the time of his death in his 86th year. He graduated from the University of Pennsylvania, in 1820, and since that time has practiced his profession in his native

city. He has been prominently identified with important medical interests during an active professional life and has contributed in many ways to the advancement of his profession. As a surgeon he was widely known, and in connection with the late Dr. W. L. Atlee, was largely instrumental in reviving the operation of ovariotomy in this country. Dr. Atlee was an extremely genial and kindly man in his social relations and his venerable presence has drawn around him many friends during his attendance upon the annual meetings of National Societies to which he belonged. He has lived long and well, and now passes into rest with the esteem and repect of a wide circle of professional friends and admirers.

Dr. John Staige Davis, the widely-known and popular Professor of Anatomy, died at the University of Virginia on July 16th, after an illness of some weeks duration. Dr. Davis was born in Albermarle County, Va., and was educated at the University of Virginia, from which he received the degree of M. D. in 1841. He served as Demonstrator of Anatomy in the University from 1845 to 1849, and was subsequently made Professor of Anatomy and Materia Medica in the same institution. As a lecturer on this branch Dr. Davis enjoyed a national distinction and, perhaps, was equalled by few teachers in this country. He possessed the faculty of making the dry subject of anatomy popular and fascinating to his students, who graduated from the University thoroughly drilled in this branch of science. As a man, Dr. Davis was greatly beloved by all who knew him. His death is a serious loss to the University and to the profession of his State.

The Medical Society, of the District of Columbia, adjourned on Wednesday, July 9th, for the summer. Before adjourning, the Society reëlected its former officers for the ensuing year. This Society has been quite active in medical work during the past year as, will be observed by reference to the reports of its meetings, which have been published regularly in this JOURNAL.

Brooklyn, N. Y., with a population of nearly three-quarters of a million, was allowed three appointees on the International Medical Congress. The Committee evidently lost sight of the geographical principle in this particular instance. The Brooklyn physicians have cause for resentment.

The Philadelphia *Med. News* says: "The leaders of the new Committee are at present actively engaged in trying to devise some form of compromise which will enable them to retain their own positions, and at the same time prevent further defection, but this cannot be done." "Self-respect, if nothing else, demands that a committee, which has been so thoroughly discredited by the profession at large, and whose inability to organize an International Congress has been completely demonstrated, should at once resign."

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, during the week ending July 18, 1885.

Owens, Thomas, Assistant Surgeon. Granted sick leave for one month. July 14, 1885.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from July 14, 1885, to July 20, 1885,

Lieutenant-Colonel E. P. Vollum, Surgeon. To be relieved from duty in Department East on the expiration of his present leave of absence and to report to Commanding General, Department of the Platte for assignment to duty as attending surgeon at the headquarters of that department.

Major J. V. D. Middleton, Surgeon. Leave of absence extended fifteen days.

Major J. M. Brown, Surgeon; Captain Clarence Ewen, Assistant Surgeon; Captain A. W. Taylor, Assistant Surgeon, and First Lieutenant W. C. Borden, Assistant Surgeon. Ordered to prepare for field service.

Captain F. W. Elbry, Assistant Surgeon. Sick leave further extended four months on surgeon's certificate of disability.

Captain W. W. Gray, Assistant Surgeon. Relieved from duty at Fort Barraneas, Florida, and ordered for duty at Fort Columbus, New York Harbor.

First Lieutenant Edward Everts, Assistant Surgeon. Ordered for duty as Post-Surgeon, Fort McDermit, Nevada.

First Lieutenant A. S. Polhemus, Assistant Surgeon, Ordered for duty as Post-Surgeon, Benicia Barracks, California.

Captain C. K. Winne, Assistant Surgeon. Ordered for duty at Benicia Arsenal, California.

First Lieutenants G. L. Edie and C. S. Black, Assistant Surgeons. Ordered for duty with troops en route to Department of Missouri.

Clinical Lectures.

A LECTURE ON BOUGIES, THEIR USE AND ABUSE.*

BY F. SWINFORD EDWARDS, F.R.C.S., ENG.,
Surgeon to the West London Hospital, etc.

The use of urethral bougies and sounds dates back to the earliest days of surgery. Apparently in those days, strictures not being known, they were used only for pushing back impacted calculi and other foreign bodies which obstructed the outflow of urine. Guaynerius, who wrote in 1440, mentions the use of wax bougies for this purpose.

Ferri, in the middle of the 16th century, described various kinds of bougies for breaking down caruncles; but it was not till Hunter by his writings directed the attention of surgeons to the permanent obstructions of the urethral passage, that bougies came into general use for dilating purposes, (*see* Voillemier, *Dictionaire des Sciences Médicales*, vol. x).

The varieties of bougie which are employed at the present day may be classified thus:

For Diagnostic Purposes.—1. *Bougie à boule* metal or gum-elastic; 2, the urethrameter, designed by Otis.

For Treatment.—1, Steel; 2, silver; 3, pewter, bougie or sounds; 4, French gum-elastic: *a*, olivaire; *b*, coudée; *c*, bicoudée; 5, English gum-elastic; 6, filiform of gum-elastic, whalebone, or catgut.

For Guide Purposes.—The pilot or guide bougie.

Besides these, we have Lallemande's *porte caustique*, a bougie or catheter for applying nitrate of silver to the deep urethra; also soluble bougies, by means of which medicaments are applied to the urethral surface in a base of gelatine, cacoa-butter, or wax.

Let us take the consideration of these various varieties in the order in which I have enumerated them, and first we come to the *bougie á boule*. This is made either of gum-elastic or of metal, and is used purely for purposes of diagnosis. The shaft is thin, and terminates in a bulbous head, which may be made cone, pear, olive, or acorn-shaped, the last two varieties being the ones I usually use. The metal bougies have this advantage over the gum-elastic. They are more durable, and can be used possibly with more precision. The soft instruments are, however, more comfortable to the patient.

By the aid of these instruments, we are able to determine the exact situation and extent of any strictures, inequality in the mucous membrane, ulcers, or tender and inflamed areas. If we examine an average sized healthy urethra, with one of these *bougies á boule* whose bulb measures No. 22 of the French scale, we shall find that it will probably pass, without difficulty or much discomfort to the patient, for about six inches.

Here one usually meets with a slight resistance, but not enough to impede the passage onwards of the instrument into the bladder. Now, if the bougie be gently withdrawn, as the bulb leaves the prostatic urethra, two distinct catches may be felt, about half an inch apart; the first not so marked as the second, and sometimes indeed scarcely discernible. These catches are due respectively to the posterior and anterior layers of the triangular ligament. In a healthy urethra, on further withdrawing the bougie, no other obstruction is experienced until one reaches the meatus, where another catch may occur. These three catches then indicate the narrowest parts of the normal urethra.

In examining for structures, it is well to bear these points in mind, for I have on several occasions seen surgeons—myself included—misled, diagnosing stricture (a pathological condition) when there was none. This is, of course, a serious mistake for the patient, as he is probably subjected to a course of needless, nay, mischievous instrumentation. That this may prove harmful to the patient, I firmly believe, by, to use a term of Mr. Savory's, "nursing into existence" a true organic stricture. It is easy for us to comprehend the course of events leading to such a dire event. The passage of the instrument, irritating the membranous urethra, causes spasms and

*Taken from the *Brit. Med. Journ.*, July 11, 1885.

congestion, followed by inflammation; and this leads in time to a deposition of neoplastic tissue.

In examining, with a view to stricture, my method of procedure, in conjunction, I believe, with that of my colleagues, is as follows. It is well to be provided with several sizes of searcher, as this special kind of bougie is sometimes named, say Nos. 14, 18, 22, 26, and 30. The patient, standing in front of me with the penis well exposed, I attempt to pass No. 22 through the meatus; but, should I fail, I now take the next size bougie, namely, No. 18, and find that this passes readily for 2 inches, but no further. No. 14 is now taken, and passed for 5½ to 6 inches, without any resistance; let us suppose that at this point only a slight impediment is experienced, and the instrument passes on into the bladder. On withdrawing it, a distinct catch is felt at 6 inches, where we found a slight resistance to the introduction. It is clear, then, that we have here an urethra strictured in three places; namely, at the meatus, at two inches from the meatus, in the antescrotal portion of the urethra, and at the junction of the bulbous with the membranous urethra; that is, at the site of the anterior layer of the triangular ligament.

It is a matter now for determination, as to what method to employ for the relief, or possibly cure, of this condition. If you believe in the doctrine of the American school as enunciated by Otis—namely, that strictures are curable—you will probably measure the urethra with the urethameter. Having found the capacity of the individual urethra before you, which, let us say, measures 30 millimetres in circumference, you will proceed to cut the two penile strictures, using probably Otis's dilating urethratome, passing afterwards *bougie á boule* No. 30, as far as the deep stricture, to to make sure that all the constricting fibres have been divided. The third stricture) of our typical case) is not now dealt with, in the hope of its being chiefly, if not entirely spasmodic, and dependent on the two anterior ones.

Should, however, you be a follower of the other school, which says "once a stricture always a stricture," then you will first try gradual interrupted dilatation; and, if this do not succeed, you may have to call to your aid continuous dilatation, or internal urethrotomy.

A point in regard to the use of the *bougie á boule* is that it, of all kinds of bougies, is apt to set up spasm. This occurs at the spot where the urethra is surrounded by the compressor urethræ muscle. Sometimes the spasm excited is sufficient to prevent the passage of the instrument. Should this occur, take a *bougie á boule* with a tapering point, or pass a small *bougie olivaire* first. You will then, after a minute or two, succeed in passing your "searcher." This also holds good in cases of spasm where you wish to pass a catheter. Here is a case bearing on this point. Not long ago, a distinguished officer in the Army Medical Department consulted my colleague, Mr. Coulson, in reference to cystitis, for which he had sought relief in vain. It was agreed that I should wash out and inject his bladder. On the first occasion, a full sized catheter passed easily into his bladder, the urethra being caught unawares; but, on subsequent occasions, I was obliged to pass a small *bougie olivaire* before the full sized catheter would pass. The spasm, in this case, was distinctly felt by the patient.

I believe that spasm exists in many more cases than surgeons imagine, either associated with organic contraction, inflammation, or congestion, or independent of these, being then reflex in its nature.

It is a matter of common knowledge that under chloroform a bougie, which before the administration of the narcotic could not be passed, has slipped in easily, muscular spasm being allayed. Again, it has fallen to my lot on more than one occasion to see cases of presumed organic subpubic stricture, accompanied by stricture of or near the meatus, vanish, after the complete division of the anterior stricture. After the operation for ligature of piles, how often one meets with retention of urine due to reflex spasm. Sir Henry Thompson, speaking of this, says:

"Spasmodic stricture is an exceedingly

useful excuse for the failure of instruments. It is a refuge for incompetence. When you cannot pass a catheter, and wish to desist, it is a convenient thing for the operator to say, 'there is a spasm.' I do not think that you ought ever to fail in passing an instrument because there is spasm. Spasm may prevent the urine from going outward. I do not know that it ever prevents the instrument from going in. In most cases it is failure of the hand, not spasm of the urethra."

I agree with Sir Henry that one ought not to fail in passing an instrument because there is spasm, that is, some instrument; but spasm may certainly prevent the passage of a given instrument.

Besides the *bougie à boule*, there is the urethrameter devised by Dr. Otis for purposes of diagnosis. It consists of a small straight cannula, of size No. 8 F., terminating in a series of short metallic arms, hinged upon the cannula and upon each other. At the distal extremity, where they unite, a fine rod running through the cannula is inserted. This rod, which is worked by a screw at the handle of the instrument, when retracted, expands the arms into a bulb-like shape capable of expansion up to forty millimetres. A thin rubber stall drawn over the end of the closed instrument protects the urethra from injury, and prevents the access of the urethral secretions to the interior of the instrument. When introduced into the urethra and expanded up to a point which is recognized by the patient as filling it completely (and yet easily moving backwards and forwards, the index at the handle then shows the normal circumference of the urethra under examination. In withdrawing the instrument, contractions at any point may be exactly measured.

The advantages of this instrument are these. 1. By means of it we can measure the size of the urethra, and ascertain the locality and size of any strictures present without reference to the size of the meatus. 2. It enables the surgeon to complete the examination of several strictures by a single introduction of the instrument, and, by reduction of its size, to avoid the pain which usually attends the withdrawal of the *bougie à boule.*

Its disadvantages are. 1. Often a little bleeding accompanies its use. 1. By reason of the bulb being covered by India-rubber, the sensations conveyed to the hand are somewhat marked. To obviate this, Messrs. Mayer and Meltzer are now making, at my suggestion, a urethrameter whose bulb will not be so delicate as in Otis's instrument, and one which I hope to be able to use without the stall.

I now pass on to the consideration of bougies which are useful in the treatment by dilatation, and first and foremost comes the *bougie olivaire.* This has now quite superceded the English gum-elastic, and, as a rule, all metal instruments, as there can be no question that its introduction is attended with less discomfort to the patient than that of steel or silver instruments. The characteristics of a good *bougie olivaire* are as follows. It must be soft and pliable, not too bulbous at its extremity, with an easily bendable neck.

Let us suppose that we have before us a case of stricture that we wish to treat in the usual way, namely, by gradual interrupted dilatation. Having found out the number, situations, and sizes of the contractions, either by the urethrameter or *bougie à boule*, should the patient not be lying down, get him to do so; if this is his first experience of instrumentation, you may thereby save him a nasty fall should he faint during your manipulation, an occurrence which sometimes takes place. Warm the bougie by passing it two or three times through the hand. This will also have the effect of removing any dust which might be on it. (I take it for granted that, if the bougie has been used before, it has been well cleaned.) The cleanliness of all instruments which are introduced into the urethra is a matter of the utmost importance. Who will say that, where cystitis and urethral pyæmia follow the introduction of instruments, this may not sometimes have been due to impurities introduced on or through them?

Whilst passing the bougie through the hand as suggested, give it a slight curve. I have known this curve to make all the difference between success and failure,

As to the size of the bougie; one two or three sizes smaller than the capacity of the smallest stricture should be selected; that is, if the patient have several.

This is passed gently and removed after a minute or two; we may then succeed in passing one larger than the estimated size of the stricture. Let us imagine that, in this case, the size of the smallest of the strictures is 14 millimetres. The first bougie passed is 12, followed by 15. In two or three days, the patient comes again, saying that he has passed urine in a larger stream. On this occasion, we commence with 13 or 14 (a size or two smaller than the bougie last introduced), 16 will now probably pass easily, and so on at each successive visit until the stricture has been dilated to the size thought requisite, usually No. 22, equal in size to 12 English, or rather more; though, in some cases of capacious urethræ, it is necessary to continue dilatation to 25 or 30. The next step is to teach the patient to pass a bougie himself, and to insist on his passing it once a week regularly. It is better, perhaps, to name a day on which this is to be done. Should the patient neglect the regular use of the bougie, recontraction will almost inevitably take place. I do not believe that any organic stricture, the same being situated outside and around the mucous membrane, is to be cured in this way. If it be capable of cure, it can only be by complete division of the neoplastic tissue, which is to be effected by urethrotomy.

All cases must not be expected to go as smoothly as this. The urethra may become inflamed and irritable; if so, other means must be employed to calm the urethra before again having recourse to the bougie. A patient's food and drink, as also the weather, may make a difference in what is known as the temper of a stricture. In the majority of cases of stricture of large calibre, with care and trouble, one succeeds in so dilating the stricture that a patient will get on very comfortably, passing a bougie for himself at stated intervals.

There remain, however, a good many cases where the dilating process is not attended with success, owing to the resiliency or what not of the stricture; for such cases, an operation is necessary. Of the metal bougies or sounds used for dilating purposes, I prefer a pewter one. It is heavy enough to pass in of its own weight. Its point is made on the type of the *bougie olivaire*, being sufficiently bulbous to prevent the catching of the end in the lacuna magna—which, by-the-by, ought easily to be avoided, whatever instrument is used, if only you recollect its whereabouts—or any other of the urethral-follicles. Its diameter is greatest above the curve; the shaft, being smaller, is not so liable to be held by a small meatus; and, lastly, you may give the instrument any curve or shape you may think fit.

One sometimes meets with a case where a curved metal instrument will pass after every form of flexible has failed. Regarding the method to be employed in the introduction of curved metal instruments, as to whether one should practise the *tour de maitre*, or pass the instrument straight in, keeping the concavity always pointing towards the pubes, seems to me to be of as small importance as the standing on the right or left of the patient. A dexterous surgeon ought to be able to pass an instrument either way and from either side. Certain it is, that several times failing with the *tour de maitre* from the left, I have succeeded on trying it from the opposite side. The introduction of the finger into the rectum, or the pressing upon the perinæum with the fingers as a point of support, after the instrument has been introduced as far as the bulbo-membranous urethra, are methods to be resorted to for guiding the point of the bougie through the triangular ligament, where often a slight difficulty occurs.

As to the use of the English gum-elastic catheter, I know of only one set of cases where this is useful, and this is where the third lobe of the prostate is enlarged. Pass the catheter down to the seat of obstruction, now withdraw the stylet for one inch, and the point of the instrument will be tilted upwards, thereby enabling the catheter to ride over the protruding gland. The coudée and bicoudée catheters answer this pur-

pose very well. This is their special function, and for it they were designed.

For the treatment of strictures of small calibre, we have the filiform gum-elastic, whalebone, and catgut bougies. Each of these has its own special and peculiar attributes. For instance, the filiform are made sometimes with a cork-screw-like twist at the end; this you will find most useful, when the stricture is at all tortuous, with its orifice situated eccentrically—that is, to one side or other of the canal. The whalebone bougie is of special use, by virtue of its rigidity, for passing through dense and callous stricture. Its extremity can be bent at will where it is necessary to direct its point to one side or other in cases of eccentric stricture. The advantages attaching to the catgut are almost all shared by the whalebone, with this one exception—namely, that if a catgut, being passed through a stricture, be left *in situ*, it will swell slightly, thereby dilating the stricture more rapidly than can be accomplished by the other varieties.

Long catgut and whalebone bougies are also used in the railroad or tunnelled catheter—an English gum-elastic catheter, open at both ends; the catgut, having been passed through the stricture into the bladder, acts as a guide for the passage of the catheter, which is pushed on over the bougie.

The filiform bougie is often used as a guide or pilot, being, in these cases, screwed on to either a catheter, urethrotome, or some dilating instrument, as Harrison's. With several varieties of the filiform bougie, one rarely comes across a case of impassable stricture; at least such has been my experience in many hundred cases of stricture. Syme used to dwell with force on the fact, in which all surgeons of much experience in urinary diseases concur, "that there are really very few strictures which are impassable, if only the surgeon be dexterous and patient." I need not point out to you that this dexterity is only to be acquired by constant practice. If Syme taught this in his day, how much more ought it to hold good in ours, seeing how much better instruments are at our disposal!

In cases where one or more false passages accompany a stricture of small calibre, and it is desired to get a bougie into the bladder, a good method of procedure is as follows:

Suppose you pass a filiform, and you feel that it has left the urethra and entered a false passage (this may be indicated by the grating or creaking sensation conveyed to the hand), leave it there; it will block up this road at all events. Now pass another; should this likewise pass into a false passage, take a third; and, should there be no more false passages for it to go into, it must be per force enter the orifice of the stricture.

You will find that injection of the urethra by oil is an useful adjunct when endeavoring to pass a filiform bougie through a tight stricture; and, better still, is the plan of getting the patient to pass a few drops of urine at the time of manipulation.

I must just say a few words on the treatment of stricture by continuous dilatation—that is, the leaving in of a bougie or catheter for a lengthened period. I must own that I am no friend to this method of treatment, believing it to be more fraught with danger to the patient than internal urethrotomy. Neither do I hold with the practice of tying in a catheter after the operation of internal urethrotomy. The irritating presence of an instrument in the urethra will almost certainly set up an inflammation of both the urethra and bladder; and we may congratulate ourselves if our patient escaped with nothing worse, in the way of urethral fever, leading to suppression of urine and death. Perineal abscess, extravasation of urine, and orchitis, are other local complications. Any, or all, of these may succeed the mere passage of a bougie; but they are certainly more likely to occur in the treatment of stricture by continuous dilatation.

In conclusion, I will formulate a few rules which may be of service in using a bougie or catheter; firstly, as what ought to be avoided.

1. Avoid being misled as to the presence of stricture by the deep perineal fascia.

2. Avoid the use of force in intro-

ducing an instrument. You will do more harm than good. *Apropos* of this, I will quote you a passage from Mitchell Banks, on diseases of the genito-urinary organs. "The one rock ahead is the desire which the hospital-surgeon (who must operate *coram publico*) has, even in the present day, to get into the bladder at all costs. The unhappy patient being brought into the theatre before a crowd of students, the surgeon considers it a point of honor to get something—if only a No. 1—into the bladder. After twenty minutes' prodding, with all sorts of instruments, this No. 1 is finally jammed in; the surgeon triumphs, and the patient is led away, bleeding profusely, and possibly with a false passage. A week's rest in bed with hot fomentations to the perineum, would probably so have softened down this patient's stricture that No. 3 or 4 would have gone in quite easily, to the great facilitating of further treatment."

3. Avoid hæmorrhage if possible. Mr. Savory, in the *St. Bartholomew's Hospital Reports*, "On Spasmodic Stricture of the Urethra," says: "Whenever blood follows the introduction of an instrument is it not a sign that in one respect at least, mischievous force has been employed?" To this I would reply: "Not always," as it is sometimes a necessary part of the cure, as when a patient is suffering from an obstructed urethra, due to a valve, wart, or bridle, the breaking down of which must necessarily be accompanied by a few drops of blood. It is in these cases that cure follows on the use of the bougie alone. I recollect the case of a graduate of Oxford, who came to see me in reference to his stream of urine, which was diminishing in volume, and escaped forked. He had, in addition, pain in the bulbo-membranous urethra, on the passage of an instrnment, and slight gleet. After passing a No. 22 *bougie olivaire*, on two occasions, my patient was cured. On each occasion the passage of the instrument was followed by a drop or two of blood. I imagine that in this case some wart or bridle was broken down.

4. Avoid continuous dilatation—if interrupted is applicable to the case, practice in preference, urethrotomy. Cystitis is caused by continuous dilatation, but cured by internal urethrotomy.

5. Avoid tying in a catheter after internal urethrotomy; pass a bougie on the second or third day.

6. Avoid instrumentation in purely spasmodic strictures.

7. Do not imagine that, because in a given case a so-called full-sized bougie, No. 22 or 25, passes easily through the penile urethra, there can be no stricture sufficient to set up a spasmodic stricture in the deep urethra, or to keep up a gleet.

I would now offer the following advice:

1. Use great care in the introduction of all instruments; see that they are smooth, clean, in good condition, and well lubricated, and if of metal, warmed.

2. Always use soft elastic bougies, if possible, and see that the *bougie olivaire* has a pliant neck.

3. More benefit is derived from a bougie which passes easily through a stricture than from larger one, which is tightly held, and requires force to send it through.

4. It is well, before passing a bougie, to give it a curve, the concavity of which, on introducing it, should look towards the pubes.

5. When using a pilot bougie, always see that the screw is firmly fixed. After the bougie has been used several times, it is apt to become rotten at its junction with the screw. Should this be the case, on withdrawing the instrument through the stricture, the pilot might be left behind in the bladder, necessitating further prolonged operative measures for its removal. I once met with an accident of this kind, the pilot remaining behind in the bladder. I saw the patient two days afterwards, and, after performing internal urethrotomy for a stricture, was able to extract the bougie by means of a lithotrite.—*Vide British Medical Journal*, 1882.

Mr. Ernest Hart, the well-known editor of the *British Medical Journal*, has been announced as a candidate for election to Parliament as a Radical.

Original Article.

TYROTOXICON—CHEESE POISON.*

BY V. C. VAUGHAN, M. D., PH.D., OF MICHIGAN.

Dr. Vaughan presented a report of his investigations on poisonous cheese. It is well-known that cases of severe illness follow the eating of some cheese. Such instances are of frequent occurrence in the North German countries and in the United States. In England they are less frequently observed; while in France, where much cheese is made and eaten, these cases are said to occur very rarely. A few years ago the reputation of a large cheese factory in Northern Ohio was destroyed by the great number of cases of alarming illness arising from eating its cheese. Dairymen know this cheese as "sick" cheese.

KINDS OF CHEESE THAT ARE POISONOUS.

A German author says: "The numerous kinds of soft cheese, prepared in small families, or on small farms, are generally the cause of the symptoms; while it is quite exceptional to hear of symptoms arising from the use of cheese prepared in large quantities." Some two years ago a family in Alpena, Mich., was poisoned by eating of cottage cheese; but the cheese which poisoned so many in this State last year was made at one of the largest factories in the State, and by a thoroughly experienced cheese-maker. The old foul-smelling cheese, such as Limburger and Schweitzer, have never been known to be poisonous.

EFFECTS OF THE CHEESE.

The symptoms produced by "sick" cheese, as reported by German and American physicians, agree quite closely and are as follows: Dryness of the mouth and throat with a sense of constriction, nausea, vomiting, diarrhœa, headache, sometimes double vision, and marked nervous prostration. In rare instances the sufferer dies from collapse. As a rule recovery occurs in a few hours, or at most after a few days. The symptoms of cheese-poisoning and those of sausage, canned meat and fish poisoning are very similar. Though death results more frequently from the others mentioned than from cheese-poisoning.

APPEARANCE OF THE CHEESE.

The samples of cheese examined had no peculiarities of appearance, odor or taste, by which it could be distinguished from good cheese. It is true that if two pieces of cheese—one poisonous and the other wholesome—were offered to a dog or a cat, the animal would select the the good cheese. But this was probably due to an acuteness of the sense of smell possessed by the animal and not belonging to man. Indeed if a person tasted a cheese knowing that it was poisonous, he might detect a sharpness of taste which would not ordinarily be noticed.

HAVE WE ANY READY MEANS OF RECOGNIZING POISONOUS CHEESE?

There is no certain means aside from a chemical examination, by which a poisonous cheese can be distinguished from a wholesome one. The most reliable ready method is probably that proposed by Dr. Vaughan a year ago, and it is as follows: Press a small strip of blue litmus paper (which can be obtained at any drug store) against a freshly cut surface of the cheese, if the paper is reddened instantly and intensely the cheese may be regarded with suspicion. When treated in this way any green cheese will redden the litmus paper, but ordinarily the reddening will be produced slowly and will be slight. If the piece of cheese be dry, a small bit should be rubbed up with an equal volume of water, and the paper should then be dipped in the water. Dr. Vaughan does not regard the above test as free from error, but as the most reliable ready means now known. Every grocery-man should apply this test to each fresh cheese which he cuts. The depth of the reddening of the paper may be compared with that produced by cheese which is known to be wholesome.

EFFECTS ON THE LOWER ANIMALS.

Dogs and cats, at least, are not affected

* Abstract of a paper read at the meeting of the Michigan State Board of Health, July 14, 1885.

by eating poisonous cheese. This is probably due to the fact that they do not get enough of the poison from the amount of cheese which they eat. The pure isolated poison in sufficient doses would undoubtedly produce upon the lower animals effects similar to those produced on man.

NATURE OF THE POISON.

Dr. Vaughan has succeeded in isolating the poison, to which he has given the name tyrotoxicon (from two Greek words which mean cheese and poison). It is a product of slight putrefaction in the cheese which probably occurs in the vat, as the curd has been known to poison a person. By this slight putrefaction, or excessive fermentation, as it may be called, a large amount of butyric acid is formed, and this in the presence of the casein of the cheese is capable of developing a poison. Different samples of poisonous cheese contain different amounts of the poison. The same weight of cheese from one cake furnished three times as much poison as that from another cake. The poison was obtained in long, needle-shaped crystals which are freely soluble in water, chloroform, alcohol and ether. The smallest visible fragment of a crystal placed upon the end of the tongue causes a sharp stinging pain at the point of application, and in a few minutes dryness and constriction of the throat. A slightly larger amount produced nausea, vomiting and diarrhœa. The poison is volatile at the temperature of boiling water and for the reason even poisonous cheese may be eaten with impunity after being cooked. The substance has also a marked, pungent odor, and through the nose one can obtain sufficient of the volatile poison to produce dryness of the throat. This is true, however, only of the isolated poison. In the cheese the taste and odor of the poison are both modified to such an extent that they would not be recognized, as has already been stated.

The first step in the study of cheese-poisoning has now been taken, by finding out what the poison is. Efforts will be made to ascertain the means for preventing its formation.

Society Reports

PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

(*Specially Reported for the Maryland Medical Journal.*)

STATED MEETING HELD JUNE 10, 1885.

The Society met with the President, Dr. W. W. Johnston, in the Chair; Dr. McArdle, Secretary.

Dr. J. B. Hamilton opened the discussion on

ASIATIC CHOLERA.

After mentioning the great bulk of literature on the subject, he deplored our lack of therapeutical knowledge. He spoke of the epidemics in this country in 1832 and 1848–9, and considered it very doubtful if the country was free from it from 1849 to 1854. It occurred again in 1866 and 1867 and along the Mississippi in 1873.

As to the cause of cholera we are better prepared to say what it is not rather than what it is, except that it is produced by a germ. Water and miasms have been considered causes, but no later than last year cholera prevailed in the driest cities of Italy. In Holland, where it was attributed to lowness of ground, it is now believed to have been due to contamination of the water by dejecta. The theory that cholera is an effort of nature to eliminate an excrementitious or zymotic poison is untenable; for even varnishing the body will not produce cholera. Not the retention of urea, the most deadly of excrements. Cholerine has been suggested as the "active principle" of the disease, but the inventor of the title has failed to state what it is. Some have said that cholera is purely a blood poison. But if it be communicated through the circulation, when the blood is oxygenized the germs should be destroyed in the process. Hence the danger by inhalation is overestimated. It has been declared that cholera is wafted by the monsoons from those countries in which it is endemic. But it has been repeatedly shown that the disease travels in a direction opposite to

the monsoon. Indeed it follows the line of travel whether the trade-wind goes that way or not. Filth alone, even decomposing dejecta, will not produce cholera or any other specific disease. Organic dust is a factor of which we cannot speak definitely. The received theory at the present day is the parasitic. The parasitic origin of disease is more ancient than we would fain believe. But it is ever becoming more and more crystalized by the discovery of facts. Koch's comma-bacillus has followed the track of all great discoveries. At first it was ridiculed, then it was combatted, and finally the priority of discovery was disputed.

It is settled fact that cholera follows the line of travel. It, therefore, is portable, and capable of self-propagation, and can be redeveloped in a favorable soil. In a word, the cholera germ is a living thing. It was announced by the Marseilles Committee that when death was almost instantaneous in the fondroyant or fulminant cases no comma-bacillus was found. Strauss, however, has retracted that assertion and says that full-fledged colonies are found in the upper intestine. The lesions of the intestine correspond with the amount of bacilli. The differentiation of bacilli is best made by artificial cultivation. Gelatinized meat broth is the best food for cultivation. The germs grow best at a temperature of 84 to 104 F. Low temperatures do not kill the germs, but place them in a state of hibernation, where they are not capable of self-propagation. It has been alleged that they are harmless when swallowed in great numbers, but the same has been said of trichinæ and infusorial ditch-water.

But the weight of evidence is in favor of Koch's theory. Last year all efforts made to inoculate animals failed. But later experimenters have succeeded in inoculating Guinea pigs and other animals.

The question of contagion is a serious one, for on its decision patients under treatment will be isolated or not. If the germ theory be correct there is no doubt of the contagiousness of cholera. The doctrine of contagion has gone in waves and just now contagiousness seems to ride at the top. And even the teachers of the non-contagious theory teach the value of disinfection. Poverty, insufficient food, and bad hygienic surroundings favor the spread of cholera. There are some instances, however, which at first sight would seem to disprove this rule: In Genoa last year the best families in the most salubrious neighborhoods suffered most from the disease. It was soon learned that the water-supply was contaminated, and when that was cut off the epidemic ceased. It is axiomatic that the pauper classes suffer first and most. The age of the patient, too, is a factor, infants being most frequently infected. The intemperate are said to evince a lack of resistance to the inroads of cholera. There seems to be no doubt that acclimatization is possible, otherwise the countries in which the disease is endemic would become depopulated. The pilgrims and travellers, the babes and the aged succumb most readily, whilst the middle-aged residents escape. As frequent rains mitigate the severity of an epidemic, some have considered dryness a potent factor. But the only effect of these rains is to wash off the soil. Water, as in typhoid fever, is an important vehicle for carrying the contagion. Water at certain temperatures becomes colonized and thus conveys the infection. Mere pollution even with ordinary dejecta will not suffice, the specific poison must be present. The relation between the height of ground water and an epidemic of cholera has not been proven.

The best means of preventing the disease is to stamp it out at its original centre, as Russia stamped out the plague. The Hindoo is allowed to wash his clothes in the same water he drinks, and is permitted to revel in filth primeval. An international sentiment should be generated to teach England her duty.

The best method of quarantine is to keep out the diseased germs. This cannot be accomplished by the absolute forty days detention but by inspection. A clean ship from a clean port is the modern definition of quarantine. The U. S. Government is having an inspection made of every emigrant at the port

whence he sails. Every vessel must have a bill of health from the American consul, and medical officers have been attached to the consulates. A sanitary history of every cargo must be obtained when it is suspected of coming from an infected region. Italy alone made objection to these regulations, and her objections were afterwards withdrawn. In one instance emigrants from the south of France were taken from an English vessel at Southampton and kept for another steamer in order to be fumigated.

The proper municipal measures are a good and pure water-supply and disinfection. In Paris sulphate of copper was largely used as a disinfectant. It has been asserted that public laundries are sources of infection. But Thomasi-Crudelli says public laundries with proper disinfection are less nocuous than private laundries without disinfection.

All discharges from the patient are highly infectious. The most recent method of prevention is vaccination by an attenuated virus as proposed by Feran. But as the intestines can be irritated as often as the germs are present the theory does not seem tenable. The speaker predicted that in less than two months the experiments would be declared not only unscientific but worthless.

The only thing now in the way of therapeutics is the use of warm baths in the premonitory diarrhœa, and indeed this can scarcely be called new. The diet should be liquid and of the mildest possible character. As a means of preventing the growth of the germs, dilute sulphuric acid is given. But no germicide could be given in sufficient quantity to kill the germs. The patient would hardly live long enough to take enough bichloride of mercury.

On motion, the discussion was deferred until next Wednesday and the Society adjourned.

STATED MEETING HELD JUNE 17, 1885.

A CASE OF GUN-SHOT WOUND OF THE AXILLA FOLLOWED BY A PECULIAR ERUPTION.

Dr. W. W. Johnston exhibited to the Society a young mulatto who had been accidentally shot by a little boy with a parlor rifle carrying a ball about the size of a pea. The accident occurred on March 6, 1885. The ball entered at the side of the axilla. Dr. Johnston probed for the ball but could not find it. There was at first no pain, but afterwards quite severe pain supervened. It affected the arm and shoulder. The arm was somewhat atrophied but has improved lately. Three or four weeks ago crusts began to appear on the shoulder and arm. They resembled somewhat herpes zoster. They look like large pustules and it would seem that they should leave deep scars; but they do not. Later these thick, large, dry pustules spread down to the wrist. They evidently have some connection with the injury. Probably the nerves of the brachial plexus were injured as this eruption appears along its branches. He did not believe it was specific. The eruption was not symmetrical but confined to one side and along the line of pain. As he had already said, the pustules left no scars.

Dr. J. Ford Thompson said he had seen this patient once before on invitation of Dr. Johnston. He agreed with that gentleman in believing the eruption non-specific. He thought it a neurosis. The eruption cannot be classified. Some of the spots resemble rupia. He did not explore the cavity for the ball, and it has not yet been found. He knew of no treatment that would cure the eruption. The entire thickness of the skin is not involved.

Dr. W. H. Taylor asked if specific treatment had been tried.

Dr. Johnston replied in the negative, as he did not think there was any indication for such treatment.

Dr. J. B. Hamilton called attention to the fact that the eruption was beginning to appear on the other shoulder. Syphilitic eruptions simulate every form of skin disease. The mere appearances of an eruption do not preclude the idea of syphilis.

Dr. Johnston said syphilitic eruptions are chronic. This is acute. In ten days one crop will entirely disappear to be succeeded by another new crop. All

syphilitic eruptions involve the true derm; this does not.

On motion, the discussion was closed.

DISCUSSION ON CHOLERA.

The discussion on cholera, postponed at the last meeting was then resumed.

Dr. Reyburn said the most important point in regard to this disease was its treatment. He had read with a great deal of interest everything said of cholera by the European physicians, but he could not say that he felt assured by any mode of treatment adopted. As it is generally conceded that there is nothing to be done in the stage of collapse, we should teach our patients in the event of an epidemic to send early for a physician whenever they feel the slightest intestinal disturbance. If he were called to a case, he would order rest, liquid food, warm drinks, and warm applications. In the stage of collapse nothing remained to be done except to make every effort to sustain the patient. He regretted that nothing had been learned in the way of treatment from the recent epidemic in Europe.

Dr. C. E. Hagner had always thought he would, if called in, treat a case of cholera by hypodermics of morphia. He was sorry, however, to learn that they were not of much avail. He had not hoped to be able to kill the germs by the use of morphia, but by putting the bowels in splints he would lessen the number of actions. Cholera morbus is successfully treated by hypodermics of morphia, ether, or chloroform. Sulphuric acid lemonade would serve a good purpose by keeping the blood in a liquid state. A sufficient quantity of mercuric chloride could not be taken to prove an efficient germicide.

Dr. Busey did not think there was any parity between cholera and cholera morbus. But the recent report of the British Commission would lead us to disagree with Dr. Hamilton.

Dr. Busey was willing to wait before forming an opinion. The experiments of Feran were in the line of those made by Pasteur, who had succeeded in inoculating animals and thus preventing their succumbing to the epidemics prevalent among their kind. While Dr. Busey had no special method of treatment to offer, he would endeavor to use some agent to destroy the parasite. He would prescribe sulphuric acid lemonade, and he would insist upon rest and liquid diet. But if cholera comes to our shores we must rely chiefly on sanitary and hygienic measures to prevent its spread. There will be no trouble about the diagnosis of a case of cholera for the comma bacillus is pathognomonic.

Dr. Hagner did not say there was a parity between cholera and cholera morbus. All authorities state that every case of simple diarrhœa must be carefully watched during the prevalence of an epidemic of cholera. We should especially caution all our patients, sick or well, to be careful in their diet. Many articles, particularly fruits, which can be eaten without danger at other times, must be avoided when cholera prevails in a town.

Dr. W. W. Johnston thought the question was not fully decided as to whether the comma bacillus was an accompaniment or a cause of cholera. It has been asserted that the summer diarrhœas of children are parasitic diseases. Every disease occurring in epidemic form seems to have some cause of this kind. If the comma bacillus is the cause of cholera, naturally enough the idea occurs that it can be prevented by inoculation with an attenuated virus. We all know of Pasteur's famous experiments in anthrax, chicken cholera, and swine plague. He does an enormous business.

He had been very much interested in Dr. Hamilton's remarks. He thought, however, that the Doctor had made one or two historical errors. The most effective method to use towards cholera is prevention. If it be a parasitic disease, destruction of the parasites is the desired object. It seems to be established that the comma bacillus is pathognomonic of cholera. Cheyne's latest report goes to prove that fact. The destruction of this parasite is then a subject of paramount importance and the chief object to be attained is the treatment or pre-

vention of cholera. All or nearly all are agreed as to the contagiousness of this dread disease. But all are not agreed as to the subsidiary causes. Some, whilst, conceding that the comma bacillus is pathogenetic, contend that certain auxiliary causes are necessary for the production of the disease. Dr. Hamilton has sought to exclude many extraneous causes. In the course of his remarks he was unjust to Pettenkoffer, who referred to the impermeability of the soil. Koch contends that moisture is necessary for the generation, production, and reproduction of the germs, whilst dryness is destructive. In the event of an epidemic the people must be taught that medicine is not to be depended upon, but that hygienic rules must be carefully studied and practiced. There is such a thing as acquired immunity and localized immunity. Cholera cannot therefore be exclusively due to germs; atmosphere, soil, water, *etcetera* must play an important part in the introduction of the germs in the human system. The sick must be isolated and those not sick removed from the source of danger. The drainage of our towns and cities must be carefully looked after. The soil everywhere must be properly drained, for moisture is an auxiliary cause.

Dr. Hamilton repudiates the experiments of Feran selling the attenuated virus. Every year the mortality among animals is falling off. Pasteur's discoveries have been practical and paying both to himself and to the farmers of France. If this be true may we not in the future arrive at the same result in specific disease. Let us wait and hope that Feran's experiments may prove successful. There is no doubt that a local immunity is sometimes obtained. In the places where cholera is endemic, the inhabitants are constantly exposed to the virus. Some are readily affected and die. Others suffer from gradual absorption—a species of inoculation, as it were—and recover. The best fitted live; the least fitted die.

As to treatment, he had seen hypodermics of morphia successfully used in 1866. In Bellevue Hospital cases were so treated. Two cases ultimately recovered, but another, a strong muscular Intern, died from collapse and coma, though the hypodermic of morphia stopped the vomiting and purging. Of course, no specific effect was attributed to the drug; but the benefit was due to its influence on the nerve centres and other parts. He, himself, would adopt the ordinary routine treatment, giving early a hypodermic of $\frac{1}{4}$ of a grain of morphia. He endorsed all that has been said of cases of diarrhœa during the prevalence of cholera. A hyperæmic mucous membrane affords all the conditions for the development of this disease. Indigestible articles should not be offered for sale in the markets or stores. The law should be stringent in this regard. Rules regarding diet and hygienic and sanitary measures should be published for the benefit of the public.

Dr. Fry asked if atropia had been tried. We all know it will check sweating; will it not check the transudation of serum? Might not benefit be derived from its action on the sympathetic ganglion in the abdominal region.

Dr. J. B. Hamilton in closing the debate, said great stress had been laid upon the possibility of acclimatization. But despite this fact an enormous death rate prevails in these countries, especially in the Bombay Territory, where thirty or forty thousand people die annually from cholera. So far as inoculation is concerned, since he made his statement last week as to its worse than uselessness, the Government of Spain has forbidden the practice and laid a fine upon any one found possessing attenuated virus for the purpose of inoculation. In small-pox one type of the disease will generally protect against all others. But one attack of cholera only renders the patient less capable of resisting further attacks. The convalescence is slow and the victim often falls into the typhoid state. It is generally believed that the report of the Government Commisson was adverse to further experiments. In Valencia, where Dr. Feran inoculated 5,000 people, the epidemic increased and a large number of those inoculated contracted the disease despite that fact. Some say that inoculation acts as a placebo and serves to quiet the fears of the people.

There is an inexplicable difference in all epidemics. At first the disease prevails with the greatest intensity, but afterwards lessens in violence. May not this be due to the greater attention paid to hygienic and sanitary measures. This fact is not confined to diseases supposed to have a germ origin, but is also true of cerebro-spinal meningitis. Whether the comma bacillus of Koch or the straight bacillus of Emerich is the cause of cholera, the treatment is not affected. The method of cultivation is the same, the method of prevention is the same. In making a diagnosis it may be difficult to obtain expert microscopists familiar with the technique of examination for these germs; but perhaps the regular microscopist will better serve the purposes of the medical profession. As to the acid treatment, it is as popular as any other—not that such minute quantities will destroy the germs; but progress will be prevented, for they prosper in alkaline fluids and are destroyed by acids. The intestinal lesions are not always characteristic; but are said to resemble those of typhoid fever. As to diet, rigid fasting has proved successful. Liquid food alone must be given and hard or solid food forbidden. Hot baths are of no value in the algid stage or collapse. One physician pumped hot water into the stomach and into blood. Another placed unslacked lime wrapped in towels in the patient's bed, where it slacked, causing great heat. Turpentine stupes have been used. But morphia, sulphuric acid, and heat seem to offer the best results.

On motion the discussion was closed, and the Society adjourned until the 3d Wednesday of September.

Dr. J. B. Hamilton desired to add a note stating that since his assertion concerning the fine levied on persons using attenuated virus for the purpose of inoculation as a preventive against cholera, the Spanish Government had been compelled to modify the law as far as the inoculation of the people so desiring it is concerned. The Government, however, still refuses to permit the members of the Spanish army and Navy to be inoculated with Feran's attenuated virus.

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BALTIMORE, AUGUST 1, 1885.

Editorial.

FURTHER ABOUT THE INTERNATIONAL MEDICAL CONGRESS.—Despite the very cheering assurances of the *Journal of the American Medical Association* that the Ninth International Medical Congress will be conducted in the "most liberal and enlightened manner" by the "present able and judicious Committee of Arrangements," the progress of another week presents a wide-growing distrust of the recent work of the Committee at Chicago. The withdrawal of the appointees of the Committee in Philadelphia, Boston, Baltimore and Washington has been followed by similar resignations in Cincinnati, St. Louis, Chicago, and in other localities. These declinations have come not only from the gentlemen originally appointed by the first Committee, but, in a number of instances, the appointees of the present Committee respectfully decline to hold the honors awarded to them. Indeed, it seems to be quite apparent that the gifts of this Committee will go begging unless some unseen power is raised up to prop its waning fortunes. Under existing circumstances it seems clearly the duty of this Committee to abandon its work of reorganization as the most graceful and and practical solution of the difficulties which embarrass it. By such a course the Committee would in no sense lose the respect of the American profession. It has been placed in a false position by the American Medical Association. It

has been called upon to perform a duty which no similar Committee of the Association can perform under existing circumstances. The present status of the Congress is the result of a false and unnecessary issue which can work no good to the American profession or to the American Medical Association. Its introduction into this discussion was totally unwarranted and unjustifiable. The "Code" issue is not an issue which should be raised in the organization of an International Medical Congress. At previous meetings of the Congress all questions of medical politics have been rigidly excluded, and such should have been the case in the organization of the present Congress. The gentlemen who have declined to hold positions under the present Committee of Organization are "Old Code" men. Their action has not been influenced by this question. Any attempt to impugn their motives on this ground is an unjust and unwarranted assumption.

The only point to be considered has been overlooked by the *Organ* of the Association—in its great devotion to the interests of the present Committee of Organization—whilst it vigorously assails the first Committee and the gentlemen who decline to serve under the present Committee. It is the fact that the Congress is a scientific body, that it is interested only in scientific work, that it should be organized only on a strictly scientific basis, and that the gentlemen entrusted with the conduct of the Congress should be selected out of deference to this fact. The composition of the Congress demanded that men should be selected to its various offices irrespective of geographical position, or "Code" politics, but solely on the principle of natural selection, the best men for the best positions.

We do not deny the fact that the first Committee made serious blunders, that the doctrine of natural selection has been overlooked in a number of instances. This fact did not, however, warrant the action of the Association in introducing false and absurd issues into the re-organization of the Congress. The first Committee performed a difficult duty in a manner perhaps as satisfactory as any similar Committee would have done. It considered that it was constituted to organize a body of scientific workers, and it was doing a duty to scientific medicine when it lost sight of geographical lines and medical ethics.

It is the grossest presumption on the part of the Association *Journal* to charge these gentlemen with having used the Association as a "decoy duck" to obtain positions for themselves and for their friends, and then "coolly turn the Association into a 'foot-ball'." We must regret the illogical and ill-tempered manner in which this "Journal" discusses the points at issue in this controversy. It seems to us its position is poorly taken, and its language is indiscreetly chosen. This "Journal" is now harping on the false issues introduced at New Orleans, and it is no more representing the views of the majority of the members of the Association than the few malcontents, who captured the New Orleans meeting, represented the true feelings of the membership of that meeting. Our contemporary is in the position of the ox in mire. In its efforts to extricate the Association from the serious blunders it has made, it becomes more hopelessly entangled. It plunges and charges in the mud of its own make, and hopelessly attempts to fling this mud into the faces of gentlemen who are not responsible for its unfortunate dilemma. It is a trite saying, "Whom the gods wish to destroy they first make mad." This seems to be the unfortunate state of mind which besets the leaders of the Association and its official *Organ* at this time.

Medical Men in Politics.—The London *Medical Times* makes the statement, "In no European Parliament is our profession at present so feebly represented as in our own; the few medical members being such in little more than name, and having for the most part renounced practice for pursuits in which they presumably took more real interest." The *Times*' criticism applies with equal force to the United States. At the present time there is not a medical man of distinction in his profession occupying a seat in the Upper or Lower House of

Congress or connected with the President's Cabinet. This is an unfortunate circumstance since many of the other professions and occupations are fully and ably represented in national politics. The *Times* takes encouragement in the fact that Mr. John Eric Erichsen, the author of the well-known work on surgery, and Sir W. Guyer Hunter have come forward as candidates for Parliament, and it takes occasion to commend Dr. B. W. Richardson, Sir Joseph Fayrer and Dr. Crichton Browne as candidates for similar positions. The *Times* very curtly remarks, "If Virchow can find the time, who cannot?"

The point worthy of comment is this, that medical men, as a rule, who seek political positions in this country are politicians rather than physicians. As a class, as soon as they enter upon a political career they lose sight of professional interests, and thereby fail to exercise that influence upon legislation which their previous training and experience would give them. It is greatly to be regretted that the ablest men in the profession are unwilling to accept political offices and to lend their talents and experience to the discussion of political measures. Were the result otherwise than as it is the interests of the profession and of the public would be far better served. The type of the political doctor in this country is not of the highest order. The medical politician, as a rule, is the man who accepts office for what the office is worth to him and he does not bring to bear in the discharge of his duties any special talent or aptitude for promoting measures of any great value to the medical profession or to the public.

In the early history of this country such a man as Benjamin Rush was willing to divide his time between the interests of medical science and the interests of pure government. Dr. Rush was the type of the medical politician much needed at the present day. Our profession in Great Britian, and on the Continent of Europe, is to be congratulated on the fact that such men as Virchow and Erichsen will consent to enter Parliament and thus render a double service to the science of good government.

"The Washington Congress in Danger."—Under this head the *London Med. Times*, in its issue of July 18th, discusses the present outlook of the Ninth International Medical Congress, which is now exciting so much attention in medical circles on this side of the Atlantic. As our English contemporary is in a position to express an unbiased opinion upon the questions which divide the profession in the United States, we present the following abstracts from the *Times*' remarks. We permit our readers to draw their own conclusions.

"Those who have looked forward to taking part in the next International Medical Congress, and have counted perhaps on making personal experience of that friendliness and hospitality of which every English doctor who has yet crossed the Atlantic has brought back such golden report—yes, and not only those, but every practitioner to whom the reputation of his profession is dear—will have read with intense surprise, if not distress, the intelligence we published last week, that the Washington Congress is in imminent danger of falling through." * * "We can only hope that the sound sense for which our American cousins are so distinguished will prevail, and that the decisive action of the Philadelphia practitioners will rouse the mass of the profession in America to step in and to decide, by overwhelming numbers before it is too late, that old controversies shall be sunk, that old ill-feeling shall be buried, and that no one shall be allowed to turn partisan spirit into a ladder for his own elevation at the expense of the reputation and good-fellowship of the profession to which he belongs."

"We do not wish, and we hope no one on this side of the Atlantic will attempt, to revive the memories of the celebrated dispute on the Codes. We believe that the late Dr. Panum, the lamented President of the Copenhagen Congress, distinctly insisted, when the invitation to America was accepted, the code question should not be raised; and we feel sure that a very large majority of English and Continental practitioners will refuse to cross the water if this understanding is not rigidly kept to. They will feel, too,

that if they go to Washington they can only go as the guests of an undivided profession. A Congress from which the most distinguished representatives of American medicine were excluded or had withdrawn would not be worth going to as a scientific meeting, while the remembrance of the bitterness and heart-burnings which had attended its organization would rob its social distractions of all its charms." * * * * * * * * * The men whom English visitors, if they go, will go to see and hear are the very men who have been elbowed out of the Congress. The scientific success of a Congress does not depend on numbers, but on quality. The profession in America is no doubt rich in numbers, as well as in scientific activity, but it is not so rich that it can afford to play all Europe with only pawns on its side of the board."

"The Committee also entirely changed the executive *personnel* substituting for men whose names are household words with us others whose reputation has certainly not yet crossed the Atlantic, whatever it may do in the future. It also removed the chairmen of sections from membership in the Executive Committee, and restricted the Membership of the Congress, so far as regards America, to members of the Association, or of State and County Societies in affiliation with it, and to others nominated by the executive." * * * "The whole affair will look to him, (to the English reader) perhaps, very much like a storm in a teapot. He will perhaps, however, be able to realize the dispute a little more clearly if he can imagine the Committee of Council of the British Medical Association having taken the London Congress of 1881 under its entire control, removing all but a few of the leading London men from any share in organizing the meeting, and allowed no one to participate in the Congress but members of the Association. But even that comparison would be misleading, for the English Association represents at least 50 per cent. of the English profession, while the American Association only contains some 7 per cent. of American practitioners."

Miscellany.

THE INCREASED FREQUENCY OF SCABIES.—Dr. F. B. Greenough, Physician to the Department of Diseases of the Skin in the Boston Dispensary, writes, in the *Boston Med. and Surg. Jour.*, of the marked increase of scabies of late years in that city. During and just after the late war the disease was by no means uncommon, but the cases gradually diminished in frequency until, in the decade 1870 to 1880, a case of itch was exceptional enough to be of special interest; but since the beginning of the present decade the disease has been, in the experience of Dr. G. and his colleagues, on the increase, as the following figures will show: In the first 5,000 cases he collated, there were 55 cases of scabies, making an exact percentage of 1.1. These 5,000 cases were observed in a period of time extending from July 1, 1873, to November 25, 1876. His next series extended from November 26, 1876, to June 30, 1878, and numbered 2,494; and in this number only 8 cases of scabies were seen, or about .3 of 1 per cent. Continuing by yearly records; from July 1, 1878, to June 30, 1879, the percentage of scabies was about .4 per cent.; for the year ending June 30, 1880, it was a little over 1; 1881, 8; 1882, 2; 1883, 5; and 1884, 8.5. The year to June 30, 1885, not having been completed the condensed report could not be given, but from January 1, 1885, to June 15, 1885, 85 cases of scabies are recorded in a total of 447 cases of skin disease seen, making a percentage of nearly 18.

The reporter confesses himself unable to explain this alarmingly rapid increase, save than by referring it to the natural contagion by contact in crowded centres, and to the fact that it had become so comparatively rare as not to be generally recognized, and the proper precaution against contagion taken. It certainly is not due primarily to importation, as a very small number of the patients were recent arrivals from abroad. The cases were mostly among children and mechanics, the latter being, as a rule, comparatively clean, hard-working young men. He has also seen some cases in his private

practice in individuals who would never have been suspected of the contagion.

The author believes that in this increase there is cause of alarm, because, should scabies gain a foothold in agricultural and manufacturing districts of the country, through the exodus from the cities in the summer months, it will not be easy to eradicate it.

He recommends the nightly use by suspected persons of an ointment made of one part of carbonate of potash, two of washed sulphur, and three of lard; this to be washed off in the morning with soap and water. This simple routine treatment will certainly benefit, if not cure, the patient, and will diminish his infecting power.

The diagnosis is by no means always easy, and the typical "burrow" is to be found in but comparatively few cases. But where the disease is prevalent the existence of vesicles or pustules between the fingers, about the wrists, especially about the end of the ulna, signs of scratching on the fore-arm, with an eczematous eruption at the elbows, and a history of increased itching after getting to bed, the diagnosis of scabies may be made with safety.

Nephrectomy, Its Indications and Contraindications.—Dr. Samuel W. Gross, in an elaborate paper in the July number of *The American Journal of the Medical Sciences*, based upon a study of nearly four hundred and fifty cases of different operations on the kidney, presents a careful analysis of all the facts pertaining to the surgery of this organ, and arrives at the following conclusions:—

1. That lumbar nephrectomy is a safer operation than abdominal nephrectomy.

2. That primary extirpation of the kidney is indicated, first, in sarcoma of adult subjects; secondly, in benign neoplasms at any age; thirdly, in the early stage of tubercular disease; fourthly, in rupture of the ureter; and, lastly, in ureteral fistula.

3. That nephrectomy should not be resorted to until after the failure of other measures, first, in subcutaneous laceration of the kidney; secondly, in protrusion of the kidney through a wound in the loin; thirdly, in recent wounds of the kidney or of the ureter, inflicted in the performance of ovariotomy, hysterectomy, or other operations; fourthly, in suppurative lesions; fifthly, in hydronephrosis and cysts; sixthly, in calculus of an otherwise healthy kidney; and, finally, in painful floating kidney.

4. That nephrectomy is absolutely contraindicated, first, in sarcoma of children; secondly, in carcinoma at any age, unless, perhaps, the disease can be diagnosticated and removed at an early stage; and, thirdly, in the advanced period of tubercular disease.

Eucalyptus in Typhoid Fever.—The well-established germicidal properties of eucalyptus led Dr. Leighton Kesteven (*Practitioner*, May, 1885) to its employment in the treatment of typhoid fever, and as the first few cases in which a mixture containing eucalyptus (in doses of from 2 to 5 drops made up into an emulsion with mucilage) was given seemed to be followed by some benefit, he at once commenced its methodical employment in an epidemic of typhoid fever. Of two hundred and twenty cases of typhoid fever which he attended in about eighteen months, he only had four deaths; and in each of these the patients were almost at the point of death before he was called in. As the result of the use of eucalyptus, he states, first, that it steadily and permanently reduces the force and frequency of the pulse, followed, secondly, by a lowering of the temperature. Thirdly, the beneficial effect on the tongue is very marked, removing a thick brown coating and dryness, and frequently cleaning the tongue entirely in a very short time. Fourthly, the skin, along with the reduction of temperature, becomes moistened and soft in contrast with the harsh, dry, hot skin so frequent and persistent. As regards the mode of administering eucalyptus, Dr. Kesteven now gives 10 minims every four hours, and in cases where this drug does not agree well with the stomach, careful emulsification and the addition of half a drachm each of aromatic

spirits of ammonia, spirits of chloroform and glycerin will often remove the nauseous taste.—*Ther. Gazette.*

Treatment of Earache.—M. Moure (*Journ. de Med. de Bordeaux*) uses habitually a combination of atropine with morphine to quiet the pains of earache, giving relief to otalgia and to cases of subacute otitis of the tympanum and of the Eustachian tube, particularly in children. He prefers a solution of morphine to instillations of oil, laudanum, and ether, these substances having the effect of producing a traumatic meningitis and sometimes graver lesions. He prescribes: Sulphate of atropine, 2 to 5 centigrammes; chlorhydrate of morphine, 5 centigrammes; neutral glycerin, 15 grammes, on cotton-wool at the external auditory meatus, and, when necessary, a drop or two by instillation night and morning into the auditory canal. This will relieve external otitis and furunculous otitis.—*Medical Herald*, May, 1885.

The Administration of Quinine.—It often happens that the sulphate of quinine fails to produce the expected results, even in disorders of a malarial nature, because it has not been administered at the proper time. As pointed out by Dr. Lucas-Championniére, (*Journ. de Médicine*, May, 1885,) quinine should be so administered that the principal absorption should occur at the time of the access of the fever; consequently it should be given about eight hours before this time, as that interval is nearly always required for the absorption and for the production of the physiological results. If a large dose is to be used it is preferable to divide it in two, and to give the first half eight hours before the febrile access and the second four hours after the first.—*Ther. Gazette.*

Anisic Acid as an Antipyretic.—One of the most recent additions to the list of antipyretic remedies is anisic acid formed by the oxidation of the oil of anise. It occurs in the form of colorless, prismatic crystals, soluble in alcohol and ether. In its antipyretic effects it resembles salicylic acid, and it is decidedly antiseptic. It causes increased arterial tension, and has a feeble toxic action, causing epileptiform convulsions in animals when it is injected into the veins in large quantities. In its pure state it is said to form a good dressing for open sores. Its use as an antiseptic is not followed by any unpleasant after-effects, as is sometimes the case with salicylate of sodium.—*Pharm. Journ. and Trans*, May 30, 1885.—*Ther. Gazette.*

A Successful Case of Nephrectomy.—Dr. R. G. Bogue reported at a recent meeting of the Chicago Medical Society an important case of nephrectomy. The patient was a woman, aged thirty-six, single, who had suffered from several attacks of acute rheumatism with cardiac complications and also for nearly one year with a pus-discharging sore on one arm. About six years ago, while doing laundry work, she severely strained her back, and this was followed by frequent and painful urination, the urine containing pus, blood and mucus. The pain in the back increased during menstruation. These symptoms continued until 1882, when a swelling, accompanied by pain and soreness, appeared in the right lumbar region. This swelling was finally opened and gave exit to a large quantity of pus, and remaining open, continued to discharge pus until the time of the operation, pus, blood and mucus at the same time appearing in the urine, which was voided with difficulty. At one time there was so much clotted blood in the bladder it was only dislodged by breaking up the clot with a catheter and washing out the bladder. Later, there was nearly a closure of the opening into the lumbar abscess, and a fluctuating tumor appeared near the old one, which was opened and gave exit to a quantity of fetid pus. From May 13 to August 27, 1884, there was a free discharge of pus through the lumbar openings and the bladder. At no time was there a urinous odor to the discharge from the loin. Whenever the discharge from the loin was greater, pus appeared in less quantity in the urine, and vice versa.

Believing that there was an abscess of the right kidney, on August 27, 1884,

Dr. Bogue made an exploratory operation by making an opening into the loin along the course of and just below the twelfth rib, including in its track the sinus. He came upon a dark, fluctuating mass, which, upon puncture, discharged a quantity of pus, and on further examination was found to be the capsule of the kidney, divided into compartments and distended with pus. The sac was adherent to the surrounding tissues, and upon separation, bled freely. The adhesions were quickly broken up and a stout ligature placed around the attachment or peduncle, which was the ureter and renal blood-vessels. This was done by the aid of a large bent probe armed with silk. This ligature completely arrested the hemorrhage. Near this ligature the peduncle was transfixed by a double thread of strong silk and tied in two parts, the mass cut away, with ligatures left long, and with drainage-tube, served to drain the cavity, which was cleansed with a carbolized solution and the wound dressed with oiled silk, gauze and oakum. The patient convalesced rapidly with the exception of an attack of rheumatism and one rather free discharge of blood from the bladder, which followed traction on the ligatures. The ligatures did not separate until December 7. But little pus came with the urine after the operation. There is yet a small fistulous opening in the track of the wound. The patient is now comparatively well. The mass removed was a distended kidney capsule, with calices so distended that there was obliteration of the kidney tissue, except at one point where there was enough to identify the structure.

Dr. Bogue said in reply to questions that no vertical incision was necessary, that the diagnosis was positive only after the operation, which was an exploratory one, that the ureter and renal blood-vessels were ligated in mass, that in a supposed case, when there was a well-defined moveable tumor in the abdomen, unaccompanied by pain, pus in the urine, with difficult urination, which was relieved by washing out the bladder. If there was a resonable probability it was a suppurating kidney, he would advise an operation.

Dr. C. T. Parkes remarked that an interesting point in the report is where it is described how hemorrhage was arrested as the greatest danger in this operation is from hemorrhage. Czernay had a case in which the hemorrhage was so severe that he ligated the aorta. He also wished to call the attention to the fact that there is sometimes an anomalous distribution of the arteries to the kidneys. He had met two cases in which the arteries entered the kidney at the lower end instead of the hilus, and this should be remembered in cases of nephorectomy, and especially nephrlithotomy. Sometimes the renal artery enters the kidney by two branches.

To Cure Stammering.—Dr. Ralph Richardson writes to the *British Med. Jour.* that any one may be cured of stammering by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jacky Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.—*Am. Med. Digest.*

Medical Items.

The Journal of the American Medical Association (July 25th) says, "The real friends of the International Medical Congress may rest assured that the American Medical Association, through its present able and judicious Committee of Arrangements, will fulfill all the obligations it incurred, in extending the invitation at Copenhagen, in the most liberal and enlightened manner." This is quite consoling.

The Journal of the American Medical Association (July 25th) asserts "that the majority of the Committee on Organization as at first constituted, whether consciously to themselves or not, practically made a bold attempt to use the national character and prestige of the American Medical Association as a 'decoy duck' to obtain, first, their own ap-

pointment as a committee, and second, from the International Medical Congress in Copenhagen an acceptance of the invitation to hold its next meeting in this country, and having accomplished these, to coolly turn the Association into a 'foot-ball' and contemptuously kick it out of their way, that they might organize the American part of the proposed Congress in the interest of themselves and a score or two of personal friends in three or four cities, entirely regardless of the interests or wishes of the general profession of the United States, in whose name the invitation had been given."

Dr. H. C. McSherry, of this city, was elected a Fellow of the American Laryngological Association, at its recent meeting in Detroit.

The *London Medical Times* says it is now an open secret that Mr. John Eric Erichsen will be a candidate for the representation of the Universities of Glasgow and Aberdeen in Parliament. The *Times* says, "On the whole, he would make a very good Parliamentary representative of the medical profession. He has a robust common-sense, a self-reliance, and a practical directness which would perhaps be more likely to commend themselves to Parliament as the characteristics of his profession than the philosophical deliberation and distrust of active interference, which might be claimed as equally peculiar to the medically-trained mind. Mr. Erichsen, too, enjoys a position and has enjoyed an experience which would render him an exceptionally good representative. If elected, he would occupy such a position in Parliament as never within the present generation has been held by a member of the medical profession in London."

The Board of Visitors of the Military Academy at West Point, N. Y., suggests in a recent report that the officers of the medical corps on duty at the post should give lectures on hygiene to the senior class of cadets. The suggestion is a most excellent one, and we join with the N. Y. *Med Journ.* in the hope it will meet with favor at Washington.

Dr. Charles McDougall, assistant medical purveyor of the U. S. Army, retired, died at Berryville, Va., on July 25th. He had served over fifty years in the army.

The *Brit. Med. Journ.* announces the death of Dr. Fehling, of Stuttgart, the inventor of the well-known test for sugar in urine, which occurred on July 1st, in his 73d year.

A prize of £200 has been offered by the Empress Augusta, of Germany, for the best portable hospital or sick-room tent for use in war or during epidemics and will be awarded in connection with the Antwerp Exhibition.—*Brit. Med. Journ.*

Prof. Bamberger has been appointed Rector Magnificus of the University of Vienna.

The mortality from cholera in Spain is between 600 and 700 daily. So far about 30,000 individuals have perished during the present epidemic.

Drs. Graham Brown, Roy and Sherrington, of Scotland, have gone to Spain with the intention of carrying on further investigations upon the etiology of cholera and its relation to Koch's comma-bacillus.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from July 21, 1885, to July 27, 1885,

Major Jos. H. Bill, Surgeon U. S. A., died at Yonkers, New York, July 21, 1885.

Lieutenant-Colonel Charles McDougall, Surgeon U. S. A. (retired), died at Fairfield, Virginia, July 25, 1885.

Captain Norton Strong, Assistant Surgeon. Ordered for temporary field duty with battalion Fifth Cavalry at Hillsboro, New Mexico.

First Lieutenant Edward Everts, Assistant Surgeon. Ordered for duty as Post-Surgeon, Benicia Barracks, California.

Captain C. K. Winne, Assistant Surgeon. Ordered for duty at Benicia Arsenal, California.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, for the two weeks ended July 25, 1885.

Fessenden, C. S. D., Surgeon. Leave of absence extended eight days on account of sickness. July 20, 1885.

Irwin, Fairfax, Passed Assistant Surgeon. Granted leave of absence for ten days. July 14, 1885.

To inspect unserviceable property at St. Louis, Missouri. July 15, 1885

Original Article.

EPIDEMICS—THEIR CAUSES AND PREVENTION.

BY R. J. COLE, M. D., OF PHILADELPHIA.

While a fearful enemy of man is hovering over us and we have reason to fear that his scythe is sharpened and ready for service, we think it will be found interesting to inquire a little into the nature and history of epidemics in general which have so often and so mercilessly ravaged the earth, numbering among their victims some of the fairest and best of the human family.

The ancients regarded "pests" as visitations of offended deities. Homer described a pestilence that was raging during the siege of Troy, 1200 B. C., when 105,000 persons died:

"Phœbus Apollo hastened angry in heart from the summit of lofty Olympus;
Having the bow on his shoulder, the quiver with well-fitting cover,
Loudly rattled the bolts in the angry deity's shoulder,
As he rushed on; but he came like the shadowy twilight of evening.
Took then his seat apart from the ships and shot off an arrow.
Dreadful, indeed, was the clang of the silvery bow of Apollo.
First he slew only mules and the swift-footed hounds of the hunters;
Afterwards aiming his weapons—the deadly ones—right at the men he shot,
And the fires of the dead unceasingly burned in abundance.
Nine days, indeed, through the army went flying the deity's arrows."

Herodotus describes another that attacked the Scythians to punish them for plundering the temple of Venus 630 B. C. Thucidides, 430 B. C., speaks of a plague that originated in Ethiopia and passing through Lybia and Persia desolated Athens, and Plutarch thus accounts for Œsop's death:

"Having started with a lot of treasure to offer sacrifice to Apollo and to distribute gifts among the people, a quarrel arose and he returned all the money to Crœsus who had furnished the gift. The people were so enraged that they threw him headlong from a high rock. This so offended the god that he sent plague and famine which raged for two years till reparation had been made to some of Œsop's family."

Plagues were known among the Romans at all periods of their history. During thirteen hundred years, eight well-defined epidemics ravaged the East.

Moses talked familiarly about the proper means to prevent spreading of the plague.

Josephine says that the victorious army of Senacherib—when about to vex the children of Israel—lost in one night 185,000, and that he hurried back to Ninevah to prevent the destruction of his whole army by the plague.

In 767 B. C., the whole world was depopulated by a scourge, and in 100 B. C., 800,000 persons died in Egypt from a fever brought on by the decay of innumerable locusts.

10,000 a day fell in Rome during a pestilence just before the destruction of Herculaneum. It broke up all assemblies and swept off high and low. Nearly all the men able to bear arms, many senators, tribunes and other officers fell. Funeral rites were abandoned. The dead cant made ceaseless sounds, and the victims were left in front of their houses to be gathered up. Grave yards became so full that, according to Livy, the dead were thrown into drains, floated into the Tiber and were afterward washed up on the banks.

About the same time a terrible cattle plague raged, and in the Georgics, Virgil gives an account of "great depression of vital powers with constant shivering, cold extremities, hurried breathing, drooping head."

No remedy was proposed, however. The Venetian farmer "sat in the doorway of his hut, viewed the disaster, and called upon the gods." The American farmer may be less religious, but he would be considered insane should he simply pray while his cattle are dying of rinderpest.

The ancients always looked for plagues after certain convulsions in nature. Fifteen years before the one that desolated Europe, China was visited by a severe drought and famine, followed by violent rains which drowned 400,000 persons. A mountain fell in and left a great cleft in the earth. In the following year the drought and plague returned carrying

off five millions. Then came an earthquake, when a great lake appeared in which thousands were drowned. A series of deluges, pestilences, famines repeated themselves until 1347—when the fury of the elements subsided in China and France took up the strain.

The lovely island of Cyprus was surprised by an earthquake. The sea overflowed its banks, and only a few were left to witness the epidemic ushered in by this ghastly train of attendants.

A German writer says that "a thick stinking mist advancing from the East spread all over Italy; and a fierce, malignant influence seemed at work in the atmosphere. In thousands of places chasms formed, emitting poisonous vapors; meteors darted over the sky; large rivers were dried up and became swamps; foul odors arose everywhere added to the stench from hordes of decaying bodies of men, beasts and locusts that had had darkened the sun in swarms. In Greece whole villages were swallowed up, and in one place, where the trembling had ceased, it was found that a mountain had moved and that all the wine in the casks had become muddy. People, not killed outright, were stupified or fainted away."

Such was the train that ushered in the great epidemic called the "Black Death," which carried off 200 a day in London, lasted three years in Constantinople and struck down 200,000. It traveled all around the world and killed one-fourth of the human family. London alone lost 30,000; Europe and Asia 43,000,000.

It was simply impossible to find graves for such a multitude, and the Pope not willing to throw the bodies of his people into unsanctified pits, stood on the Rhone and consecrated the whole stream as a fit resting place for the remains of the faithful.

Finally, after many visits, its savage hunger seemed appeased, and after another appearance in 1815, it became a thing of the past.

One shocking symptom of the "Black Death" was gangrene of the lungs, which imparted such a sickening odor to the breath that it became a revolting task to wait upon the sick.

It was during this epidemic that so many shocking acts of heartlessness occurred. Bocaccio says that "the hearts of all were closed to feelings of humanity. They fled from the sick and from all their possessions simply thinking of their own lives."

"Some shut themselves up in their houses and would suffer no one to communicate with them about the ravages going on around them; spending their time in feasting and dancing. Others wandered day and night from one tavern to another joining in the wildest revels, and abandoning their families and property to chance like men whose death knell had already sounded and who would snatch the last drop from the cup of life e'en it should be snatched from they. Others walked aimlessly around carrying spices and strong smelling plants to invigorate their brains, and deaden their nostrils to the odors from decaying bodies strewn all around them. Brother forsook brother, husbands wives, parents children. The people would not permit the sick to look at them, believing that the lustre of their eyes and other evidences of suffering in their faces, possessed demoniacal enchantment. As nearly all officers of justice had either died or fled, all laws, human and divine, were violated, and the last, vilest of all things happened; that the sick abandoned by their natural protectors were robbed by thieving attendants, who for extortionate prices merely handed them food and drugs."

Now we naturally ask had the ancients no remedy for these scourges?

They believed so firmly that epidemics were sent to punish sins that their course of conduct corresponded with their convictions.

In the chronicles of the Syrians we read that the new nations from the country of Persia, coming into Samaria, brought with them many strange gods, which so provoked the true God to indignation, that he sent plague and pestilence which nearly destroyed them. Unable to find any relief, the oracle told them to consult the great God.

The people sent commissioners to the king of Assyria with petitions for the

return of the priests carried away captive with the Israelites. When the priests returned they read and expounded the laws of Moses, and all being converted the plague immediately took flight.

Yet, they knew the value of fumigation and of separating the sick from the well; for Aaron, when an epidemic was raging, "took his censer, stood between the living and the dead and the plague was stayed." That is, he fumigated or burnt incense wherever there were cases of the disease.

In Greece and in Rome there was a board of health. Lepers were separated by law, and cattle tainted with murrain were either killed or kept apart with greatest care. But they valued human life lightly in those days; they cared more for the cattle than their keeper, and the lion than for the gladiator.

In the time of pestilence the Amphion oracle advised the people to invoke a high-spiritual influence. They sent for Epimenides, a pious fellow-citizen. He drove out some sheep on a hill and sent men to watch where they lay down. Here sacrifices were offered and atonement made.

Far back in the history of Egypt we learn that a certain doctor knew how to drive away plague by "tempering the ardor of the dog star." Whenever epidemics returned, fires were kindled at his grave and kept burning all over the city.

Pope Clement VI imitated this example and did the same thing in Avignon many years later.

All through the ages the idea was struggling for recognition that certain precautions would either prevent or mitigate the fury of epidemics, for the ancients disinfected foul places with sulphur, cremated the dead outside the city limits, and paid some attention to sewerage and abundant water supply.

Finally, when nations became linked together by commerce, regular quarantine laws were established. Quarantine means a separation for purification for a period of forty days. It seems to have had the sanction of highest authority in many crises. It took the flood forty days to wash off the wickedness of the old world. Moses, Elijah and even our Lord all fasted for a period of forty days when they sought special alleviation of spirits.

The laws made by the health officers of Venice were so effectual that they form the basis of all that have since been enacted on this subject.

Physicians have long since discovered that in every outbreak there existed certain special conditions. That a disregard of all care of the health was found wherever epidemics raged most violently and that the fatality was proportionate to the character of the surroundings. They discovered too that after famine, war or any cause that reduced the standard of public health, pestilence would come and carry off thousands.

Ordinary plague came in the spring after a winter of famine; and autumn brought diseases from unwholesome food. When the rye crop was diseased, epidemics would occur immedietely following the harvest. After the Crusades, when society had been agitated, an epidemic of erysipelas called "St. Anthony's Fire," raged with such malignancy that limbs fell off, and bodies became black and charred from the violence of the poison and the intensity of the fever.

In 1485 another fearful epidemic called the "Sweating Disease," spread all over Europe in one year. In twenty years it returned and raged through all its old haunts for six months. After eleven years it made a final visit equally fierce. It was called the "Great Mortality," and in its repeated visits resembled the "Oriental Plague," which returned every ten years, the Irish Typhus, which did likewise fifteen times in succesession, and Asiatic Cholera, which manifests similar periodicity.

The "Sweating Disease" was a violent rheumatic fever accompanied with profuse fetid perspiration. It broke out in the camp of Henry VII, of England, where the soldiers were so overcrowded that the air far and wide seemed laden with pestilential odor. But the whole condition of England was such that it found a most favorable field in which to spread itself and decimate the human

family. Englishmen, high and low, were addicted to intemperance in all their habits, drinking to excess and eating most highly seasoned food prepared with utter ignorance of the best mode of cooking. They wore thick caps constantly, keeping the head too hot and inducing nasal catarrh, which became a national disease. They wore immoderately warm clothing, and used with greatest freedom sweating remedies for all sorts of disorders. They had very little soap, and the lower classes lived in squalor and proverbial filth. In the beginning of the fourteenth century there was no sovereign authority; no just administration of law; no diffusion of knowledge; no prominence given to mortality. The King could not protect himself against his subjects, who were lords of feudal castles and had more authority over their followers than they accorded to their sovereign. Every town was a fortress and people everywhere slept on their arms. Robbers openly pitched their tents on the public road, and traveling was done at the risk of personal safety. Two-thirds of the territory were uncultivated, and on all sides were moor, marsh, forest, swamp. Beyond the town great ditches were the receptacles of rubbish and decaying animal and vegetable matter. The streets were narrow, unpaved, unlighted and undrained. Gutters were filled with the refuse of the houses and usually ended in water-course. The houses were mean and small; without windows, chimneys, or floors, instead of which they spread on the bare earth fresh straw, from time to time, just on top of the old, which was always filled with bones, scraps of food and various kinds of filth. Food for winter was killed in the fall and salted. Neither fresh meat nor vegetables entered even the nobles' houses for three months of the year. For many centuries only enough for one year was raised at a time; therefore, should the crop fail, famine was sure to follow. For ages this occurred every ten years, causing endless suffering. A round of debaucheries named the country "Merrie England," but it reduced the stamina of the people and made them an easy prey to the prostrating effects of malaria, insufficient protection from the cold and bad food; for epidemics seized those first whose vital energies are at a low ebb.

Need we wonder at the havoc made whenever an epidemic appeared? That the plague of London took off 97,000 and the Black Death 40,000,000?

It was after a period of pestilence that the English litany was composed, and no doubt the people responded heartily when the minister read: "From plague, pestilence and famine, from murder and from sudden death."

In Philadelphia, since the city has been universally paved, fevers have nearly disappeared, and the physician of to-day stands around with positive knowledge about the causes of most of the widespread diseases, and can tell you how to banish from your midst conditions that either cause or encourage them.

In Paris the death-rate in the slums is about half what is was in the best part of the city fifty years ago. But the sewers are so clean that ladies often go through them in boats, though the population is three hundred times greater.

Drainage and paving have banished malarial fevers. Small-pox is waiting to disappear before compulsory vaccination laws, for it once carried off 210,000 annually, while now, among those well vaccinated, only two out of every hundred who take it, succumb.

Typhus fever has been traced to animal effluvia, and it disappears before cleanliness and ventilation. Typhoid has been traced over and over again to foul drinking water, and yellow fever has been found lurking around among local miasms along the banks of rivers and in damp, low situations.

Cholera, the most fearful scourage of the present, is largely in our power. Whatever its cause, it is nutured and propagated by certain conditions, and whenever they are found neither, climate nor season can oppose it, and the snows Russia or the sands of India are alike a congenial hot bed. It has been in India for centuries, but it first appeared in Europe in 1829. The people in the slums beckon it to come and spread itself, and a single case having stolen its way into their houses, it will not satisfy its maw with their unprofitable lives but

will stalk through the cleanest streets and the airiest residences.

Let us look into the conditions which invite its appearance.

The constant exhalations that pass off from the lungs and the same of perspiration from the body, are settling upon the walls, furniture, carpets, everywhere. If some of the moisture that gathers in such places is placed under a microscope it is found to be full of organic matter thus accounting for the putrid smell in close and dirty rooms. No wonder that it nearly stifles for it is commencing putrefaction.

In a certain hospital the mortality rose from nine to forty in a thousand from bad air; and before the time of Howard typhus was common in all hospitals.

Farmers who spend their lives in pure, open air die only at the rate of twelve in a thousand cases. While tavern keepers, who live in the vilest sort of atmosphere, furnish twenty-eight in a thousand.

In a certain place there was a factory, which filled the air with vile odors. Opposite was a prison. It was repeatedly noticed that when the wind blew for a long time from the factory side that low fevers would prevail.

When an epidemic broke out in the prison, the wind happened to be blowing from that quarter. In one day sixty inmates took sick. The factory was indicted and the disease abated. In five months it opened again and the epidemic broke out afresh. Forty-five, whose windows faced toward the factory took the disease and died.

Re-enter your own well-aired bedroom a few minutes after leaving it and the closeness that greets you does not exist in the imagination only; fancy, then, the atmosphere in the St. Mary street lodging house, where beggars and tramps are piled in by the dozen; and the dens in Spoffard street, where the Italians deposit the old rags, bones and all sorts of filth gathered up in the streets, in the same room used for eating, cooking and sleeping.

Think of the sixty families in Ram Cat Alley and we are at no loss to find filth enough to sacrifice the whole city.

Although people have lived in houses six thousand years, many are still ignorant of the fact that the most dreadful scourges of the present day are best fought by cleanly habitations.

We cannot cleanse the Augean stable of the Fourth Ward, but we can see that our own houses are put in the best possible condition. We can rake out every vestige of trash in the cellars, air them thoroughly and have them whitewashed. If they are damp, at a small expense we can make a water-proof cement of lime, tar and pitch.

If we put on fresh wall-paper anywhere we must tear off the old, which has absorbed odors and perhaps diseases for several years. Whitewash all the ceilings, open the fire-places, let in the sunshine, keep the walls dry. If the house is damp, have a little fire whenever it rains. In New Orleans the death-rate during yellow fever was double on the shady side of the street. Don't be afraid of spoiling your carpets but let in the sunshine some part of every day. It kills or retards the development of diseased germs.

Don't let the stoves get red-hot. Poisonous gases escape from red-hot iron. Better have a moderate fire in a large stove.

In the use of illuminating gas, bear in mind that one burner at full head makes the air as foul as three men in the same period of time. Fancy the atmosphere of large assembly rooms and keep out of indoor crowds, especially at night.

Watch with extremest care that your food is fresh. Don't buy any doubtful-looking fish, meat nor withered vegetables.

Don't give your families anything that is difficult to digest and which will in the slightest degree irritate the bowels and produce diarrhœa for such simple attacks repeatedly develope into well-marked cases of cholera.

Lastly and most important of all, watch the water. Here the enemy lies in his stronghold .Don't use for drinking or cooking purposes any out of the hot spiggot. Hot water dissolves poison from the pipes through which it passes.

Don't put ice into the water, but having boiled, and if possible filtered

every drop that you drink, put it in bottles upon the ice.

Disinfect every well, kitchen sink, bath-tub and washstand. Ten pounds of copperas in a bucket of warm water makes a good mixture for this purpose.

If there is a close smell in the cellar, put chloride of lime there in a saucer and wet it with vinegar, but remember that when one ceases to smell the chloride rising, its virtue is exhausted, and it must be replaced with fresh.

But cleanliness is better than disinfection, and to be less than cleanly is to invite the monster which warmed at the fire-side may give back its first blood.

Last of all, I would impress upon all the importance of avoiding over-fatigue and over-anxiety. These will lessen the power to combat the enemy.

Perhaps it may be said this is impossible. We can observe all the other rules, but over-anxiety will not be controlled. Let me then repeat the words of the dying Socrates:

"No evil can befall a good man whether he be alive or dead."

For even in the midst of plague, pestilence and death we are not drifting aimlessly in space, but are still guided by an overruling intelligence, who knows how to bring good out of seeming evil.

Selected Article.

ON PARALDEHYD AS A HYPNOTIC.*

BY G. F. HODGSON, M.R.C.S. ENG., etc.

Paraldehyd has been known to chemists for a considerable time; but, as in chemical constitution it is only a modification of aldehyd, and as the latter was known, whether swallowed or inhaled, to produce convulsions and coma, and altogether to be too violent in its action to be safely available in therapeutics, it was too hastily assumed that paraldehyd would be the same.

Less than three years ago, it occurred to Dr. Cervello, of Palermo in Sicily, to test its powers; and, having administered some to rabbits and dogs, and thereby producing in them peaceful sleep, on arousing from which they immediately seemed as before, and at once began to feed, he then ventured to try it on himself. In the course of an hour, he took one drachm, which produced a strongish drowsiness, without any other unpleasant effect. This encouraged him to give it to other people, healthy and sick, with the result of soon proving it to be a valuable hypnotic, devoid of all danger, unless given in such a large quantity as nobody would think of using.

Soon after this, the remedy way employed in Italy and Germany, and of late in this country. In the *Medical Chronicle* (February 1885), Dr. Leech, of Manchester, has contributed a carefully written article upon it; and a medical officer to one of the asylums at Northampton has recently eulogised it in the *Lancet*.

I believe that, taken altogether, my own prescriptions of it have now amounted to nearly or quite two quarts It was expensive at first, half-a-crown for half an ounce; now, a pint may be had for 14s. As it was not at all generally kept by dispensing chemists, I bought it wholesale, as imported from Germany, and dispensed it myself, which has given me the advantage of acquiring a practical knowledge of it pharmaceutically as well as therapeutically; and I can quite join with others who have used it in believing it to be a very valuable medicine. The sleep produced by it is calm, closely resembling that of health, with no unpleasant premonitory or after-effect, and its action is prompt. It seems appropriate in most diseases where a hypnotic is necessary: mania, hypochondriasis, delirium tremens, migraine, and the multifarious minor diseases in which insomnia prevails, being all benefited by it. A great advantage is its non-depressing influence on the heart, in which respect its use is often much to be preferred to that of chloral-hydrate.

Again, in gout, it is very preferable to chloral-hydrate. Liebreich held that the latter, after absorption, undergoes decomposition, setting free, in the blood, chloroform and formic acid, which last

*From the *Br. Med. Jour.* July 18th, 1885.

might aggravate the effects of the pre-existing uric acid dyscrasia. Others deny this chemical decomposition of chloral-hydrate in the system, and, whether it occurs or not, I do not pretend to know; but clinical observation leads me firmly to believe that the insomnia of gout, whether acute or chronic, is much more advantageously treated by paraldehyd than by chloral-hydrate, the latter medicine having seemed to prolong the acute attacks, and to have promoted their recurrence when given for the insomnia associated with a gouty constitution; whereas paraldehyd has seemed to have the reverse influence, and to help maintain the excretion of urine well charged with its normal solid constituents.

I know of only two conditions in which the use of paraldehyd is objectionable, namely in irritable or inflamed states of the throat or of the stomach, which its acridity is pretty sure to aggravate; and, indeed, this pungency is to be borne in mind when prescribing it for any case, and free dilution always provided for. The following formula I find the best.

℞ Pulv. tragac. comp. ʒj; syrup. aurant. ʒiv; paraldehydi ʒj; sq. chlorof. ♏xv; aquam ad ʒiij.

In mild cases, one such dose at bed-time suffices for the night; in more severe cases, its repetition may be necessary in an hour or a few hours; and such repetition answers better than giving a larger dose at once.

By combination with morphia or with bromides, the soporific effect of both medicines seems enhanced.

As an anodyne, the power of paraldehyd is feeble. It acts principally upon the cerebrum, and partially on the medulla. It is antagonistic to strychnia, as proved by its preventing (when given beforehand) an otherwise fatal dose of strychnia from killing a rabbit or other small animal (Société de Thérapeutique, quoted by the *Medical Press*).

The powerful smell of paraldehyd is disagreeable to some people, and especially so the persistency with which the breath is tainted with it, twenty-four hours often scarcely sufficing for its departure after a dose; but then, as Dr. Leech remarks, this fact is a great security against it being taken clandestinely, as chloral no doubt is. When the drug is administered *per rectum*, the breath is still tainted by it. How it might answer in the sleeplessness of inflammatory and febrile diseases, I do not know, but I should expect not so well as chloral-hydrate.

Paraldehyd (*pára*, side by side with) is an isomeric modification of (acetic) aldehyd. At ordinary temperatures it is a colorless and inflammable fluid, whose specific gravity is 0.998, therefore just a trifle lighter than water, and with a powerful odor, somewhat resembling œnanthic or nitric ether. Mixed with a little water it appears oily, and with a larger quantity, on shaking, mixes well.

Aldehyd (alcohol dehydrogenatum) is an organic compound, intermediate between alcohol and acid. It is derived from alcohol by abstraction of two atoms of hydrogen, and is converted into acetic acid by the addition of one atom of oxygen.

There are numerous aldehyds (acetic, benzoic, œnanthylic, salicylic, valeric, etc.) Nearly all of them are liquids which volatilise, and they are prone to decomposition, mere exposure to the air converting them into acids. Some of them exist ready formed in plants, or are given off as volatile oils on distilling the plants with water; thus cinnamic aldehyd constitutes an essential part of cinnamon oil, salicylic aldehyd of oil of spiræa, and so on. Aldehyd, acted on by chlorine, is converted into chloral.

These chemical details may be thought a little superfluous in a therapeutical subject, but, to my mind, it is interesting to understand paraldehyd's place in nature; and, moreover, as other aldehyds besides our acetic friend may have their paraldehyds, possibly some of these also may be found, some day, to possess valuable medical virtues.

The British Medical Association, at its recent meeting, decided to erect a building for itself, at a total cost, probably of over $150,000.

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NEWBERRY A. S. KEYSER, M.D., Associate Editor

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BALTIMORE, AUGUST 8, 1885.

Editorial.

"THE MARYLAND MEDICAL JOURNAL."—Under the above heading *The Independent Practitioner*, in its issue for August, bestows the following editorial comments upon the work of this JOURNAL:

"This is one of the best of the Weekly Medical Journals of the country. We always open it in the confident anticipation of finding something that shall interest and instruct, and that expectancy is never disappointed. To say that it is well-edited implies very much more than the average reader can comprehend. It is only an editor who can appreciate the immense amount of labor involved in licking into shape the crude and carelessly written communications that make up the larger part of the contents of a journal. There is many an educated, cultivated man, who cannot command language that shall read smoothly. There are a thousand inelegancies of speech, colloquialisms, redundancies of expression and transpositions, to say nothing of gross grammatical errors and rhetorical inaccuracies, that the editor must correct, even in the manuscript of the best writers. So much, too, depends upon the punctuation, the paragraphing and the judicious use of capitals and different fonts of type, that a well-edited journal becomes, to the initiated, a real work of art. A good editor is an expert in the use of language, and his journal gives evidence of the fact in every page. The casual reader, whose attention is directed to the euphonious language of an article and the elegance of its diction, perhaps little imagines that it is to the "editing" that this admiration is due. Especially in the reports of society meetings is this the case. What would speakers say if editors printed their speeches precisely as they are delivered, or even as they reach the editorial table in the reports? It is to this careful and able editing that journals like the one whose name is at the head of this article, and the *Weekly Medical Review*, owe much of their charm. The latter, in spite of the rather frequent change of editors, has always retained its literary merit. One of these journals is eastern, having its home in Baltimore; the other, western, hailing from St. Louis. They differ in characteristics, but are both alike in presenting points of excellence that amply account for their extended circulation."

We are constrained to give place to our esteemed contemporary's remarks not only to express a just appreciation of the graceful compliment paid us but to emphasize the strong points taken in regard to the labor imposed upon the editors of medical journals by the carelessness of many who contribute to their columns. Apart from the work which an editor must do to present his readers with matter worth reading, the labor of revising and correcting the various manuscripts submitted for publication is a most trying and harassing task. Indeed, so careless are many of those who write for the journals that it frequently devolves upon the editor to re-write an entire article before it is in proper shape for publication. This onerous labor we have performed time and again, and it is useless to say our work could have been much simplified could we have written the article without attempting to use the author's language and manner of expression. We, however, have far greater cause to complain of the official reports of societies which are forwarded to us for publication. We invariably do the best with these communications that is possible to do under existing circumstances. If the remarks attributed to the various speakers fail to bear any resemblance to those originally spoken we ask, in simple justice, that the censure be

not placed on the editor's shoulders.

As our contemporary has so-well said, there are a thousand and one things to mar the correctness, neatness and elegance of a publication. Typographical errors, wrong font type, bad spelling and inelegance of diction, all creep in to destroy the value and skill of the editor's labor. This especially holds true of weekly publications, which must be brought out in more or less of a rush, and where the element of hurry enters in to complicate an editor's work. Only those who have tried to conduct a weekly medical publication can form a just appreciation of the hardship and trying nature of such a task. But however difficult may be the task of editing a journal in a fearless, conscientious and careful manner, this labor is only quadrupled when the editor must be his own printer and publisher, when he is under the necessity of managing all the business details involved in the successful conduct of such an enterprise. It is needless to say this part of his work is far more annoying than the literary side, for the literary editor may see occasional evidences of the recognition of his efforts and skill, whereas the business editor is daily reminded of the ingratitude of many readers who accept the labor of his hands and head without the slightest appreciation of the fact that it has a moneyed value.

Advantages of the Antiseptic System in Obstetric Practice.—At a meeting of the Obstetrical Society of London, held July 1, 1885, (*Brit. Med. Journ.*, July 18,) an interesting and important discussion took place on the "advantages of the antiseptic system in obstetric practice." This discussion was brought about by the reading of a paper by Dr. Priestley, entitled, "Notes of a Visit to some of the Lying-in Hospitals in the North of Europe, and particularly on the Advantages of the Antiseptic System in Obstetric Practice." Dr. Priestley had visited the hospitals at Copenhagen, Helsingfors and St. Petersburg, and from a study of statistics in these institutions he had arrived at some important conclusion. At Copenhagen, the new system began in 1870. In the Maternity Hospital, in fifteen years from 1850 to 1864, the mortality was one in twenty-four; between 1822 and 1843, it had been one in nineteen, that is, only slightly lower than the mortality in the Nightingale Charity of King's College Hospital, which compelled the author to close the ward. From 1865 to 1874, the mortality from puerperal fever was one in fifty-one; from 1870 to 1874, it was one in eighty-seven, the improvement coinciding with increasing strictness in antiseptic precautions. The hospital was constructed in the most elaborate and expensive way to secure hygienic perfection. The rooms were only used alternately. The attendants were under strict rules of periodical purification, and were not allowed to pass directly from convalescents to the lying-in wards. If the patient had been ill the nurse was fumigated with sulphurous acid gas by an elaborate process and the same was used for disinfection of the rooms. The personal precautions included careful antiseptic hand-washing, soaking of catheters, etc. No sponges were used. The vagina was injected twice a day with carbolic acid lotion. The beds were of canvass, filled with chopped straw which was destroyed after use. Each bed had its own basins, syringes, catheters, etc. The placenta and dressings were burnt. On suspicion of infection, the patient was carefully isolated. The medical officers were not allowed to attend necropsies.

The midwives of Denmark were compelled to use antiseptic precautions and in this way, it was stated, the mortality had been sensibly reduced.

At Helsingfors and St. Petersburg Dr. Priestley had observed the same close attention given to antiseptic precautions, including scrupulous cleanliness, disinfection and isolation of cases. The result had been a reduction of the mortality from puerperal fever to one and under one per cent.

In the discussion which followed the reading of Dr. Priestley's paper, Dr. Matthews Duncan said that the subject of antiseptics in midwifery was the greatest in the whole obstetric depart-

ment, but it got very little attention. The subject he considered greater than the prevention of epidemics, which came occasionally, while puerperal deaths were constantly occurring amonst the most valuable members of the community. The value of antiseptics in midwifery had only lately been estimated, because it was only lately that the profession had agreed as to the mortality of childbed. Dr. Duncan claimed that all measures had failed to reduce mortality till antiseptics were introduced. He hoped they would be universally adopted.

Dr. John Williams gave statistics from the Rotunda Hospital of Dublin to show that since antiseptics had been introduced into this hospital there had been a marked decline in the mortality from puerperal fever. Carbolic acid, permanganate of potash and corrosive sublimate had been used in the order named. Since the use of the latter agent there had been no deaths from puerperal fever and almost an entire absence of mortality.

Dr. Champneys argued that the triumphs of antiseptics had been greatest in the most filthy localities; where cleanliness and general hygiene had been attended to the benefit, though undoubted, was less striking. Antiseptic teaching should be as clear and as definite as possible; if details were unnecessarily multiplied, nurses, and even practitioners, were liable to confuse the essentials with non-essentials, and even to throw the whole thing overboard. Dr. Champneys had found no difficulty in carrying out the same details in private as in hospitals. The all-important thing was scrupulous antiseptic cleanliness of the hands.

Dr. West was of the opinion that the Obstetrical Society should pronounce definitely as to what was essential in antiseptic treatment.

Dr. Playfair remarked that he was sure, in private practice, not one man in a hundred used antiseptics in a thorough way. In his own practice antiseptics were as rigidly enforced as it was possible. He supplied his nurses with antiseptic rules printed on a card, the chief rule being that the nurse should never touch the neighborhood of the genitals without careful antiseptic washing of the hands. The same precaution was taken in regard to all sponges, catheters, etc.

Dr. Playfair preferred corrosive sublimate to carbolic acid. He expressed the hope that antiseptics would soon be the routine practice, and he was sure the result would be most satisfactory.

The speakers who followed in this debate took the same strong ground in regard to the use of antiseptics in midwifery practice.

The statistics offered by the various speakers presented an unswerable argument in favor of strict cleanliness, disinfection and isolation in obstetric work.

General Grant and the Medical Profession.—The numerous expressions of esteem and admiration for the character and distinguished services of the late General Grant, which have emanated from every section of our country and from men representing every shade of opinion and occupation, may well receive the fullest confirmation from the medical profession. Whatever may be the estimate which history will attach to the life's work of the deceased General, this estimate will receive its strongest touches from the study of those closing days of his life, when racked with physical suffering he presented to the world the character of a bold, resolute and magnanimous spirit, quietly and calmly yielding to the ravages of a disease which human skill was unable to arrest. From the beginning of the General's illness to the day of his death his behavior under intense physical suffering was in thorough keeping with the strong and resolute features of a character which will command respect and homage from all mankind.

General Grant's confidence in and respect for the opinions of his medical advisers, his calm acceptance of the diagnosis and treatment of his case, his implicit reliance on scientific medicine, which kept him out of the hands of empirics and from the use of the many vaunted specifics, are facts which make his case stand out conspicuously as being especially worthy of professional recognition and respect.

Those of us who are able to recall the

compromises and dissentions introduced into the medical conduct of the late President Garfield's case, and the unjust aspersions which assailed the gentlemen occupying the responsible position of consultants in the case, can express feelings of satisfaction over the medical features of the case of the deceased soldier and citizen, whose illness and death are no less striking in points of strong characteristics than his previous life.

Dr. Ferran and His Cholera Inoculation.—Both the medical and secular press have, during the past five or six weeks, devoted much attention to the discussion of Dr. Ferran, the Spanish savant,(?) and his methods of inoculation against cholera. The first cable reports, which reached this side of the Atlantic, were fulsome in their praise of Dr. Ferran's discoveries and methods, and the public mind was for a time impressed with the importance of this work. There were some who were willing to believe that the genuine specific for cholera had been found. The scientific world was not to be duped so easily by boasts and promises. Dr. Ferran and his methods were subjected to rigid investigation, and under the clear light of inquiry the man and his methods were soon found to be pretentious,uncertain and unscientific. In other words, Dr. Ferran is nothing short of a veritable quack, who has been feeding his pockets with the money of the ignorant masses who gathered around him in numbers to receive the benefit of the prophylactic inoculation he was practicing.

It was soon found that Ferran's so-called inoculations were destroying as many lives as the cholera, and the Spanish Government ordered the inoculations to be suspended. The following extract from the Valencia correspondence to the *Brit. Med. Journ.* presents a clear statement of Dr. Ferran's work:

"About the middle of last month, the asylum of the "Little Sisters of the Poor" was visited by the cholera, and, in a few days, 63 of the indigent inmates were attacked, and in less than a week 62 of these died. The asylum is situated on the other side of the river Turia, which divides this city proper from the suburbs, just at the end of one of the bridges that spans it. The Government hearing of the above, ordered at once the removal of the whole establishment to a similar large house near Burgasot, which has long been free from the disease. Dr. Ferran now offered to inoculate gratuitously the sisters and inmates; they refused, as did also the priests, to accept his offer. There are 80 of these "Little Sisters" in this establishment; the removal began to Burgasot, and an advanced guard of eight or ten of the "Little Sisters," without inoculation, were dispatched with the inmates from the mother asylum, leaving 70 "Sisters" to follow. In the meantime, great pressure was put on the 70 by the medical man and others belonging to the asylum, and they unfortunately consented to be inoculated on the 1st instant. They were all in the best health, except two or three who had slight bowel looseness. By the 5th, 10 of these inoculated were dead and buried; three or four have died since, and several are in a grave state; and of the rest, 40 out of the 70 are ill with cholera, while not one of the uninoculated took it. This has alarmed the Government, who telegraphed at once to suspend all inoculation in the towns, and to seize all flasks with the poisonous broths and syringes, and to take measures at once for a judicial process against Dr. Ferran and his assistants."

Dr. Ferran has refused to give up the secret of his method of preparing the attenuated liquid for the inoculation of cholera. His reasons for his action are expressed as follows: "After having worked a long time at these studies I submitted my results to my Government, but I was received with silence and an opposition that was trying. I received no help except from a few friends. I sacrificed all I had—my health, my practice, and what little resources I had—to find not the slightest assistance, even after I had proved the great importance of my discovery. I do not refuse to show my process to all the world if the Government will recompense me in some slight way for all my trouble, as the

German Government did Dr. Koch. All the glory in the world cannot recompense me for the pain I should feel if I should leave my children in poverty." Dr. Ferran fails to consider the fact that Dr. Koch revealed his work without exacting a reward. The reward was a gratuity not a demand. We would suggest that the true scientific worker is willing to accept rewards only after he has proved the value of his investigations. Should not Dr. Ferran do likewise?

BOOKS AND PAMPHLETS RECEIVED.

Cancer; A Study of Three Hundred and Ninety-seven Cases of Cancer of the Female Breast with Clinical Observations. By WILLARD PARKER, M. D. New York and London: G. P. Putnam's Sons. 1885. Pp. 61.

The Treatment of Opium Addiction. By J. B. MATTISON, M. D., Member of the American Association for the Cure of Inebriates, etc. New York and London: G. P. Putnam's Sons. 1885. Pp. 49.

Cholera: Its Origin, History, Causation, Symptoms, Lesions, Prevention and Treatment. By ALFRED STILLE, M.D., LL.D., Professor Emeritus of the Theory and Practice of Medicine in the University of Pennsylvania, Philadelphia: Lea Brothers & Co. 1885. Pp. 164. For Sale by Cushing & Bailey, Baltimore, Md.

A Text-Book of Physiology. By M. FOSTER, M. A., M. D., F.R.S. Third American Edition, with Extensive Notes and Additions, by EDWARD T. REICHERT, M. D., of the University of Pennsylvania. 271 Illustrations. Philadelphia: Lea Brothers & Co. 1885. Pp. 893.

Seventy-Eighth Annual Catalogue of the College of Physicians and Surgeons of the City of New York for 1885-86. For Further Information Address Prof. J. G. Curtis, M. D., Secretary, Cor. 23d St. and Fourth Ave., New York City.

Annual Catalogue of the Baltimore Medical College for 1885. For further information address Prof. Wm. Lee, M. D., Dean, Cor. Eutaw and Hoffman Sts., Baltimore, Md.

Annual Catalogue of the University of Baltimore for 1885-86. For further information address Prof. Z. K. Wiley, Dean, Baltimore, Md.

Annual Catalogue of the Woman's Medical College of Baltimore for 1885-86, For further information address Prof. R. H. Thomas, Dean, 207 N. Howard St., Baltimore, Md.

Annual Catalogue of the Medical College of Virginia, Session 1885-86. For further information address Prof. M. L. James, Dean, Richmond, Va.

Annual Announcement and Catalogue of the College of Physicians and Surgeons of Baltimore for 1885-86, *with the Introductory Lecture to the Session of* 1884-5, by Prof. A. B. Arnold, M. D. Will be furnished on application by addressing Prof. Thomas Opie, Dean, 179 N. Howard St., Baltimore, Md.

Forty-Fifth Annual Announcement of Lectures and Catalogue of the Medical Department of the University of the City of New York, Session 1885-86. For particulars address Prof. Charles Inslee Pardee, Dean, 410 E. 26th St., New York City.

Twenty-Fifth Annual Announcement of the Bellevue Hospital Medical College for 1885-6. For further particulars address P rof. Austin Flint, Jr., Dean, Foot of E. 26th St., New York City.

Thirty-Seventh Annual Announcement of the Medical Department, University of Georgetown, D. C., Session 1885-6. For further information apply to J. W. H. Lovejoy, M. D., Dean, No. 900 Twelfth St., N. W., Washington, D. C.

Miscellany.

REPORT OF NINE CASES (SECOND SERIES) OF PLEURITIC EFFUSION; WITH REMOVAL OF NINE HUNDRED AND SIX OUNCES OF FLUID. ALSO ONE OF PARACENTESIS IN ABSCESS OF THE LIVER,—A PINT AND A HALF OF PUS EVACUATED, WITH RECOVERY.—In an interesting paper in the July issue of *The American Journal of the Medical Sciences*, Dr. F. Peyre Porcher, of Charleston, urges unusual care and watchfulness in *searching* for the presence of pleuritic or pericardial effusion, whenever dyspnœa and oppression exist; and even when absent, for they are not essential symptoms. He believes that this diseased condition is extremely frequent, and that often it is not recognized and remedied. To discover the existence of fluid in the thoracic cavity is a comparatively coarse procedure; and though it may presuppose some experience and practice, does not call for the exercise of any special refinement in auscultation and percussion: whereas to detect pericardial effusion is far more difficult, and requires exceeding nicety and skill in diagnosis.

The relief afforded in such cases by early, judicious, and, when necessary, repeated tappings is most marked. How salutary, he asks, must be the removal of pints or quarts of serous or sero-fibrinous effusions by the formation of which the blood had been robbed of its most important elements, which had been compressing the lungs, displacing and disturbing the heart, impairing the power of absorption and the normal functions of the organs in every region of the body; or which, passing by diapedesis

into neighboring structures, as the pericardial sac, or even into the abdominal cavity, were mining the foundations, as it were, of the very citadels of life.

Foreign Bodies in the Vagina.—Dr. Theophilus Parvin, of Philadelphia, in a carefully prepared paper in the *Medical and Surgical Reporter* of July 11th, reviews this subject thoroughly, and mentions many of the most interesting cases recorded in medical literature. In conclusion, in speaking of the treatment of such cases, he says that "the presence of a body having been determined by vaginal examination, by touch, mediate or immediate, or by sight, where possible, and the vaginal examination assisted, if necessary, by examination through the bladder and rectum, the plain indication is to remove the foreign body.

Here one cannot refrain from stating the very great advantage the practitioners of to-day have given them by Sims' speculum and anæsthetics in such removal.

An anæsthetic is not necessary in all cases, but is especially in children, and when the foreign body is large.

So far as methods of removal are concerned, these vary with the size and form of the body, and its material, and as to its being free or fixed in the vagina. In many instances the conditions require a new method to be devised.

In some instances the foreign body can be best removed by acting on it through the rectum. Thus Meissner removed a pebble from the vagina of a girl 2½ years old; of course very much less violence was done by the finger in the rectum, than if it had been introduced into the vagina. Small round bodies can be best removed by throwing into the vagina a stream of water, while the perineum is retracted by Sims's peculum. The removal of fragments of glass, especially of a syringe, is often difficult; if forceps be used, there is danger of breaking the glass, or of wounding the vagina; in the only two cases I have had to remove the pieces of a broken glass syringe, this was done by the fingers, and, in general, flat bodies are thus best removed.

One of the most ingenious devices for the removal of fragments of glass was used many years ago by Dr. Levis. A woman had a broken glass pessary in the vagina, and the efforts that had been made to remove the pieces had only resulted in reducing them to smaller pices, comminuting them in fact; a severe vaginitis—due chiefly to the fragments of glass, but in part, probably, to the attempts at extraction—was present when the patient came under the care of Dr. Levis. He threw into the vagina by means of a syringe a mixture of plaster of Paris, and after two or three days removed the mass, the solidified mixture having fixed in it the various pieces of glass. This unifying process, so ingeniously resorted to by Dr. Levis, seems like a material illustration of Plato's axiom that the end of philosophy is the intuition of unity.

In some cases it has been necessary to reduce the size of the foreign body before extracting it. Thus Dupuytren broke the pomade-pot, and, by means of strong forceps devised for the purpose, divided the ivory pessary in the vagina and in the rectum, removing one part through the latter, the other through the former. In other cases the vaginal orifice has been enlarged by incision, as was done by Gaubius for the removal of the calcified uterine fibroid, and by Sutton for the removal of a globe pessary. If granulations have fixed the foreign body, these must be detached by the finger, or divided by scissors.

If the foreign body have its size greatly increased by mineral incrustations, it is advised to remove these first. Another reason for their removal lies in the fact that in some cases the rough, jagged surface may injure the vagina when extraction is done. Sabatier speaks of his fingers being wounded by the "asperities of saline incrustations," which had made the tumor "as rough as a rasp."

In some cases the ordinary polypus forceps is an excellent instrument for removal of a foreign body, but this removal should then be made by sight rather than touch—a Simon or a Sims speculum being used to expose the vaginal cavity.

In others the foreign body has been so large that the obstetric forceps has

proved necessary for its removal. Roux, probably, was the first to use the instrument for this purpose, though some since his day have suggested its utility, imagining they were proposing something new; this is like many other novelties in the medical world which are examined from the grave of years, or even of centuries.

Whatever means, manual or instrumental, are used for the removal of foreign bodies from the vagina, it is well to be guided by the words which Blundell said could be usefully inscribed on one of the blades of the obstetric forceps: *Arte, non vi.*

In all cases where there is an offensive vaginal discharge, or any erosion or ulceration of the vaginal walls, antiseptic injections should precede, and for some time follow, the removal of the foreign body."

Migraine and Its Relation to Uræmia.—Some light is cast upon this obscure disease by Mr. A. Drysdale, in *The Practitioner* for April, 1885. The cause of the disease is still left unexplained. Its hereditary nature is evident; it often affects several members and generations of the same family. It is sometimes related with phthisis, usually of the more chronic variety. Enforced chastity seems in some way to predispose to it, and it often disappears after marriage. Summer and hot weather certainly determine the periods of the attacks. Some suppose it to be due to want of sufficient sleep; others say that it is caused by excess of sleep, and especially by the habit of napping during the day. The author considers that the symptoms depend upon the accumulation in the blood of a peculiar poisonous substance, possibly allied to creatin and creatinin, and that this poison has a special affinity for the roots of the great nerves at the base of the brain, the optic, the ophthalmic, and the pneumogastric. The reason for supposing that this substance is allied to creatin and creatinin is the close resemblance of the symptoms to those of uræmia. The blindness, headache, vomiting, and subsequent stupor, bordering upon coma, in migraine are undistinguishable, except in degree, from the same symptoms in uræmia. The pioson speedily produces its own elimination. The author then describes a severe attack, and states that, with regard to treatment, a drug must be administered which is known, from its physiological action, to be certain to reach the seat of the complaint. Caffeine, theine, and guarana fulfil these conditions to a certain extent, but the best results are obtained from the use of nitroglycerin and sepia. The latter is especially successful in mitigating an attack, though it is not able to completely arrest one. Exercise, regularly pushed to the point of fatigue, is the only means of prevention. With reference to prognosis, the author states that, even when it is most intense, patients are not permanently injured by this malady; and that, when it occurs in conjunction with phthisis, the latter generally has a favorable issue.—*Boston Med. and Surg. Jl.*

On Belladonna and Galvanism in the Treatment of Intestinal Obstruction.—T. J. Hudson, M. D., L. R. C. P., Lond., in a paper read before the Leeds and West-Riding Medico-Chirurgical Society at the debate on Intestinal Obstruction, (*Med. Times and Gaz.* June 27th, 1885,) says: There are two remedies of great value in functional bowel obstruction and also in some organic forms such as intus-susception due to muscular inco-ordination, passive distension from torpidity of gut, simple and enteritic paresis and fatty degeneration of the walls. They are belladonna and the galvanic current, which might with advantage be more frequently employed. In the potteries many cases occur of obstinate bowel obstruction due to lead oxide poisoning from the glaze used in the works. The patients often present the appearance of malignant disease, showing great cachexia (partly from alkaloid auto-intoxication), with general wasting, a history of chronic bowel obstruction, and an onion-string hypertrophied feel of bowels externally. The pain, however, is relieved by pressure, there is no abnormal temperature, and the history and objective symptoms of lead impregnation coexist. Whether the lead is

present *in loco*, or acts on the nervous system and so affects the gut secondarily, is uncertain; probably a combination of the two causes is present. The resultant colic has nearly proved fatal. The obstruction is kept up in these and possibly other functional cases of obstruction by the action of the vagus nerve filiments through the mesenteric plexus, which slow the intestinal movements for a greater or shorter length as far as the ileo-cæcal valve, and are antagonistic to the sympathetic in the abdomen. (C. Bernard).

Belladonna acts by paralysing the inhibitory action of these nerves, and so sets free a length of bowel from torpidity, or by relaxing the unstriped muscular fibres, stops spasms and peristaltic colic above the obstruction (a sign of *vis a tergo* power and contraindication for purgatives), the sympathetic accelerating fibres then coming into full play. Harley believes that it directly stimulates these, paralysing them only in large doses. It is best used by applying the extract with very hot poultices to the abdomen, and internally, as a suppository, grs. 1 to 2 of the fresh extract every hour, or an atropine injection (gr. $\frac{1}{120}$) every two hours, till slight pupil dilatation is maintained. If the pain continues unrelieved and serious, an injection of atropine (gr. $\frac{1}{80}$),, with morphia (gr. $\frac{1}{8}$) is the best, and it has the advantage of combating depression and sickness. Oftentimes morphia alone simply increases the obstruction, causing or increasing sickness, and in early intus-susception preventing the bowel righting itself through its own inherent muscular power. Lime water should not now be given, as it decomposes atropia.

The galvanic current is of value in the early treatment of these and other obscure cases of obstruction with little pain and low temperature. It is most useful where the colon seems chiefly affected (owing to its greater superficial area), and also in the less acute cases; belladonna acting best in affections of the small gut, probably from its larger motor-nerve supply. The constant current, 10 to 30 Léclanché's cells, I employ, one reophore to either flank or one to the abdomen and the other to the anus, three or more times a day for some ten minutes if well borne. After the first application some flatus may be passed due simply to gut contractions low down below the site of obstruction. In cases of early suspected intus-susception or mere musculo-neuralatomy in the aged, the faradic current is often more useful, or at least acts quicker. Many consider it always acts better on the small gut with its large nervous supply, its quicker, stronger, changing movements, shorter coils, and semi-fluids contents; the constant current being more powerful in its effects on the larger bowel, and this opinion I am able to endorse in the majority of cases treated by both methods.

Ophthalmia Neonatorum.—In a paper on this subject read before the Staffordshire Branch of the British Medical Association (*vide Ophthalmic Review*, June), Mr. Vose Solomon proposes that the mother should be supplied prior to her confinement with the materials for an eye-lotion, with all needful directions for its use. Every order for the parish midwife should be accompanied by a packet containing sixty grains of alum, and bearing the following label: "Lotion Powder for tre Baby's Eyes.—*Directions.*—Dissolve this power in a pint of clean water. Directly you see matter come from the baby's eye, clean it away every two hours with a bit of wool or rag, and then thoroughly wash the inside of the lids with the lotion. If the eye looks weak and does not matter, use the lotion every four hours. Get a doctor as soon as possible. Eyes that matter, if neglected, often go stone blind." He thinks that by this plan public attention would be drawn to the disease, and thus this prententible malady might ultimately be stamped out.—*Lond. Med. Times.*

A Case of Cholecystotomy.—The rather recent revival of operative procedures for the relief of obstruction of the biliary ducts, has awakened a new and lively interest in all such cases; especially as the entire number of reported

operations falls within a total of fifty. To this list Dr. Charles T. Parkes, of Chicago, in the July number of *The American Journal of the Medical Sciences*, adds a very instructive case:—

Of the cases submitted to operations, by far the larger portion has been of cholecystotomy, by means of which a distended gall-bladder has been positively relieved, and in most of them the cause of obstruction, retained gall-stones, removed. In a few no gall-stones were found, while in others the cause of obstruction could not be remedied.

In Dr. Parkes's case the gall-stones were not lodged in the gall-bladder, and it is highly probable that they were retained in some of the dilated hepatic ducts, and were washed into the cyst by the flow of biliary fluid which came on immediately after the formation of the fistula. He is inclined to believe that they had but little to do with preventing the flow of bile into the intestine, at least the patulency of the passages was not restored by their removal. The remarkable and profuse flow of muco-biliary fluid, coming through the sinus established, argues very strongly in favor of the operation which contemplates the formation of a fistula in the gall-bladder in distension thereof by confined secretions. Certainly no tube of the dimensions of the ductus communis choledochus could have given a free exit to the secretions; at least the accompanying back pressure on the walls of the cyst would have greatly endangered, if not certainly destroyed, the adhesions in any recent wound thereof, even when protected by the continued suture. Most of the cases of reported cholecystotomy tell of the presence of a free flow through the fistula, so that it is a condition to be expected, and makes immediate closure of the bladder wound without drainage a dangerous proceeding to adopt, even if we can be positively sure of a clear common duct.

Dr. Parkes, in conclusion, advises from his experience in this case, the general practice of sounding the common duct through the external opening. He is quite sure that such procedure can be safely carried out, and equally certain that its adoption in his case resulted in relief that did not follow the removal of the calculi alone.

Submucous Laryngeal Hemorrhage.—Dr. Carroll Morgan, of Washington, D. C., reports the following case in the *N. Y. Med. Record* (March 21, 1885): A healthy, robust singer, thirty-six years of age, came hurriedly from the "Opera House" to my office, in January, 1884, stating that during the performance of a part of his role requiring great vocal stain and bodily exertion, his voice, which was in excellent condition, became suddenly extinct. On reaching the dressing-room at the theatre he was seized with a spasmodic cough, followed by the expectoration of a quantity of blood. The hemorrhage though not copious was continuous, having commenced about an hour before my assistance was sought. He was able to relate the above history in a voice disturbed at intervals by slight cough, a clearing of the throat, and the spitting of blood.

From the above incidents I was led to suspicion the rupture of a laryngeal blood-vessel, which subsequent laryngoscopic examination confirmed.

The laryngoscope showed that the entire left ventricular and vocal bands were bathed in blood; but after spraying the larynx with a solution of alum grs. x, to f℥j of water, I detected that the hemorrhage proceeded from a point on the left ventricular band near its central portion. The streaks of blood could be wiped from the mucous membrane, which appeared normal, by employing a laryngeal sound armed with absorbent cotton. An insufflation of equal parts of gallic and tannic acids was made to the larynx, and a powder containing gr. ss. of opium and gr. iv. of lead acetate was administered, per orem, every three hours until the hemorrhage was checked.

Rest of voice, cold diet, and the free use of cracked ice were ordered. I visited my patient the next morning in his room; he spoke with difficulty, the bleeding had ceased, and a firm coagulum occupied the eat of previous hemorrhage. There was partial immobility of the larynx on the left, a want of approximation of the vocal bands, odynphagia, and

some dyspnœa. The coagulum remained *in situ* until the third day, when complete disintegration occurred and a laryngoscopic examination revealed the fact that an extravasation of blood into the submucous tissues of the ventricular band had taken place.

After carefully cleansing the parts by means of a compressed air-spray of Dobell's solution the hemorrhage did not recur, but a large portion of the ventricular band was visibly ecchymotic and swollen. The color of the tissues underlying the mucous membrane and corresponding to the hemorrhage infiltration was reddish brown, while the left vocal band was of natural color.

This condition of ecchymosis (if it may be so called) continued for several weeks, and had not entirely disappeared when I last examined my patient, fourteen days after the accident. At this date, however, he had regained his natural speaking voice, and the mobility of the vocal bands was apparently normal. I have since heard that it was fully three months before he could again fill his place on the programme.

I was able to discover no tubercular history in the patient, and at the time of this, his first hemorrhage, there were no signs of pulmonary disease. The solution of continuity and resultant hemorrhage were, in my opinion, attributable to the increased tension to which the laryngeal muscles were subjected.

The literature of laryngeal hemorrhage has been well presented in recent papers, Dr. J. H. Hartman, of Baltimore, Md., having contributed a concise and practical article containing references to the more important examples.

The peculiar features of this case were the extensive extravasation of blood, the sudden aphonia, and the time required for absorption of the extravasation and restoration of the singing voice.

Cases in some respects similar to my own have been recorded by Sommerbrodt,* Schnitzler,† Fraenkel,‡ Hartman§ and others.

* Berl. Klin. Wochenschr., No. 13, 1878, p. 175.
† Wien. Med. Presse, Nos. 38-31, 1880.
‡ Berl. Klin. Wochenschr., No. 2, 1874, p. 18.
§ St. Louis Medical and Surgical Journal, No. 6, 1879.

THE TREATMENT OF WHOOPING COUGH.—Dr. Keating, in *Med. News*, Feb. 28, says: The treatment of this disease should be of two characters, one of which is addressed to the catarrhal and the other to the nervous element. Considering the bacterial nature of the disease, antiseptics form one necessary class of agents for treatment. Oxygen in the form of an abundance of pure air is always indidicated. The sick-room should be kept at an uniform temperature and the air moistened with spray, either of simple steam vapor of lime, of carbolic acid, corrosive sublimate, listerine, muriate of ammonia, or cocaine. Thymol, eucalyptus, or quinine, may also be used in this form. The following formulæ for use with the spray are recommended:

℞. Acidi carbolic cryst., gr. iij.
Sodii bi-boratis,
Sodii bi-carb., aa gr. xx.
Glycerinæ, ℥i
Aquæ, ℥i. (Salve).

℞. Thymol, gr. xv.
Alcoholis, ♏iij.
Glycerinæ, ʒ ss.
Aquæ, ʒ xxxiv. (Salve).

The inhalation of a few drops of ether or chloroform is recommended when the paroxysms are violent. Of emetics, alum is thought to be the best, a quarter or half a teaspoonful being given with syrup or honey, and repeated, if necessary. In the mean time the child may be placed upon its stomach, with the head lowered. Of nervous sedatives, belladonna is the best for this trouble, and may be given in suitable doses of the tincture, or in the form of the sulphate of atropia, $\frac{1}{100}$ of a grain at a time, increased until the pupils are dilated. The bromides of sodium, ammonium, or potassium may also be given, and in many cases chloral is very useful. Of the latter, for a child one year old, two grains may be given at bedtime. Of quinine, a grain may be given several times during the day with good effect. The foregoing list may be increased by the addition of pilocarpin, benzoate of sodium, salicylic acid, sulphur, cantharides, calomel and soda, etc. Counter-irritation is an important measure, a mixture of croton

oil, oil of amber, and oil of cloves, mixed with sweet oil, and rubbed upon the neck or chest, being recommended. The bowels should be kept freely open, heat applied over the lungs if they appear to be implicated, and a nourishing diet with a suitable quantity of stimulants administered.—*Archiv. of Pediatrics.*

Singular Case of Absence of Adipose Matter on the Upper Half of the Body.—We see very often loss of fat in some local atrophies, but this defect always accompanies like changes in the muscular masses. Dr. Weir Mitchell reports, however, in the July number of *The American Journal of the Medical Sciences*, an interesting case which seems to point to the possibility of the existence of separate centres capable of restraining the deposits of adipose matter of normal amount, while yet the skin remains healthy as to texture and the muscles strong and of unaltered bulk.

In this most valuable example of disease, the skin and muscles are as to nutrition in good order, but the fat of certain regions is almost completely absent in the upper half of the body; at the same time there are in both arms places where there is some analgesia, a fact which points like a finger-post to the probability of the site of the defect of fat deposit as being in some portion of the posterior segment of the cord.

On the Use of an Antiseptic Powder in Place of Iodoform.—Dr. Lucas Championnière, at the last meeting of the Société, gives the following formula for a powder to be used in place of iodoform alone:

℞. Iodoform (triturated),
Cinchona powder,
Benzoin powder,
Powder of carbonate of magnesia that has been saturated with essence of eucalyptus.
S.—Equal parts of each.

With this he uses the German wood-lint prepared. He first puts the powder on the wound, and covers it with the prepared wood-lint.

M. Gillet followed by stating that he used a powder composed of iodoform, powdered charcoal, sulphate of quinine, and mint. M. Marc Sée said that he used simply a powder of the subnitrate of bismuth with satisfactory results.—*Phila. Med. Times.*

The Treatment of Chorea.—In a clinical lecture on the treatment of chorea recently published in the *Progès Médical* (No. 20), M. Joffroy strongly advocates the use of hydrate of chloral. His first experience of it was not satisfactory; he treated two children suffering from severe chorea with large and repeated doses for four or five days, keeping them in a deep sleep during nearly the whole time, but without any material benefit. He then took to giving it methodically three times a day, in regular doses, and considers that he has obtained excellent results by this method. For children over ten, the daily dose should be sixty grains; for those under that age this should not exceed forty-five grains. Seeing that he speaks of having continued the drug sometimes even for two months, and that he admits that in the severest cases the drug has proved of no service, it is evident that even in his hands chloral has not shown itself to be of more service than the thousand and one drugs which have already been recommended for this disease. In the severest cases M. Joffroy has found wet packing of great service.—*Lond. Med. Times.*

New Apparatus for the Treatment of Fractures—Dr. Paul Meilhac calls attention to a very practical apparatus for fractures. It is one that is always at hand, and does away with a lot of hooks and bands that are often difficult to use. It is light, and elegant even, and costs almost nothing. It is simply the small cylinder of wood known as the "cache-pot," made of light slips of wood crossing one another in a diamond-shape that allows the whole to close up or open to surround flower-pots. It may be had for a few cents (plain) at any florist's. Opening it and then introducing the member is the work of a moment. It can then be closed, when the angles of

the diamonds become sharper, but still leave space enough to see between. A few rows of plaster hold it in place. Of course the fractured member is first covered with a good coat of wadding, at least on two sides. Besides the compression, this apparatus makes an extension, which is due to its construction, and will often prove useful. It also furnishes good, strong points to suspend the member when needed.—*Phila. Med. Times*, July 25, 1885.

Da Costa on the Treatment of Cholera.—Professor Da Costa, in a lecture on this subject at the Jefferson Medical College, expressed the following views:

Prophylaxis.—Since filth of all kinds leads to a rapid production of the germs, the locality should be rid of the same. The dejecta and cesspools should be disinfected. Inspect the source of water supply, since the germs can obtain easy access to wells. Drink only filtered water. Speedy burial of the dead should be urged. No change in diet is necessary. Live as usual. Better avoid stimulants in the prophylactic treatment. Among the disinfectants to be used are corrosive sublimate, zinc chloride, cupric sulphate, iron sulphate, and permanganate of potassium.

Internal Treatment.—Must check the early diarrhœa if you desire to be successful, for, in most cases, if you stop this you put an end to the disease. For this purpose the most valuable are sulphuric acid in combination with tr. opii deod., with aq. menth. pip. In India the acetate of lead, grs. iv., with pulv. opii, gr. j., at once with the diarrhœa outbreak, and continue every three hours until it checks the discharges. If the above cannot check the diarrhœa use capsicum, gr. j., with opium and camphor.

Second Stage.—Here we have cramps, vomiting, and purging. Now, stop the use of fluids; allow but little ice in the mouth. This is a point of great importance. As little food as possible. Stimulants in small amounts, but frequently repeated. Mustard to the epigastrium. Administer every hour or two—

℞. Tinct. capsici, gtt. ij.
Tinct. opii deod., gtt. x.
Aquæ camphoræ, f 3 ij. M.

If the stomach does not retain the opium, give it hypodermically; but, if possible, give it by mouth, since it appears to have a local effect. To relieve the cramps, use chloral subcutaneously, in large amounts. When reaction has set in, allow fluids to wash out the kidneys. If he has not reacted, and is not doing well under opiates, try calomel, especially in cases in which the secretions have not been arrested by opium. Give at first gr. v. to gr. x, then order gr. ½ every hour or so. When the pulse is sluggish, the temperature below normal, use friction and a hot bath. In this, the stage of collapse, stimulants will not be absorbed or they would be of utility, though brandy or whisky might be tried hypodermatically.

Caffeine, gr. iss. to gr. ij-, hypod., stimulates the heart's action. If still the patient fails and the veins are swollen, etc., resort to blood-letting, but possibly the injection of fluids into the veins is better; often the results are marvelous. The thickened blood is made to circulate. Use for this purpose the following:

℞. Sodii chlor., 3 j.
Sodii carb., 3 iij.
Aquæ, Ovj. M.

Get it to 108° Fahrenheit and a specific gravity of 1.005.

Sig.—Throw in a few ounces at a time, until forty ounces have been injected. When the patient again flags throw in a like amount.

The inhalation of oxygen has done no good.—*Coll. and Clin. Record.*

Medical Items.

The *N. Y. Med. Record* makes this statement: "The doctors of New York, says a second-hand Sixth Avenue book-dealer, are the only men who have the money, the taste, and the inclination to buy books. If there is anything good in the way of a book, or a print they are sure to find it. The doctors are my best customers."

The London *Lancet* says: "We understand that Dr. Wallace, of Liverpool, has successfully performed resection of the female bladder for cancer by abdominal section, being, we believe, the first

time the operation has been performed in this country. The patient is progressing satisfactorily, seven days having elapsed since the operation.

Dr. Warburg, the originator of the Tincture known by this name, is said by the *Med. Record* to be a poverty-stricken old man. The *Record* says: "The medical profession demanded of Dr. Warburg his secret; he gave it, and now the druggists make the money and Dr. Warburg is left a poor man. It belongs to the medical profession to relieve the poverty which it has brought about."

The discussion on the International Medical Congress continues to occupy an important position in the medical journals in this country and Europe. The weekly journals having expended their ammunition upon the American Medical Association and its Committee of Reorganization the monthly journals have made an assault on the enemy. With comparatively few exceptions the monthlies have sustained the position taken by the weeklies. The Association is in great danger. It should surrender the Congress and try to behave better the next time.

The *N. C. Med. Journ.*, referring to the Congress, says: "The sum of this unfortunate affair may be thus stated: We have been made ridiculous in the eyes of the medical world. The proposed Congress has been severely crippled. The American Medical Association has given evidence of a state of things which must be corrected or ruined. The new code men by this blunder have been advanced to a position which no act of theirs could have accomplished for them in a quarter of a century."

The *Brit. Med. Journ.* says: Mr. Clement Lucas removed (in Guy's Hospital, on July 14th) a distended floating kidney, filled with large calculi, which could be felt through the abdominal parieties. The operation was performed without difficulty through the loin leaving the peritoneum uninjured. The patient is progressing uninterruptedly towards recovery, her temperature continuing normal as before the operation.

Ex-Surgeon-General Wales, of the navy, charged with culpable inefficiency in the performance of duty and for neglect of duty, has been found guilty on both charges. He has been suspended from rank and duty for five years.

The *Brit. Med. Journ.* referring to the International Medical Congress, closes with these words: "Altogether the position is lamentable, and there is much fear that the acceptance of the invitation to meet in the States may be withdrawn, and the next meeting of the International Medical Congress be held in Berlin or some other great medical centre, pending the settlement of the serious discussions among our brethren of the United States."

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from July 28, 1885, to Aug. 3, 1885,

Capt. Calvin DeWitt. Asst. Surgeon. Promoted to Major and Surgeon, vice Bill, deceased. To take effect from July 21. 1885.

Francis J. Ives, appointed Asst. Surgeon with rank of 1st Lieut. To rank as such from July 25, 1885.

Capt. A. C. Girard, Asst. Surgeon. From Dept. East to Dept. Columbia.

Capt. A. G. Ebest, Asst. Surgeon. From Dept. Columbia to Dept. East.

Capt. L. S. Tesson. Asst. Surgeon. Ordered from Ft. Stockton, Tex., to Ft. Davis, Tex.

Capt. W. F. Carter. Asst. Surgeon. Ordered for duty as Post Surgeon, Ft. Stockton, Tex.

Capt. J. L. Powell, Asst. Surgeon. Assigned to temporary duty at Ft. Leavenworth. Kan.

Capt. A. H. Appel, Asst. Surgeon. Ordered for duty with U. S. Troops forming portion of guard of honor over remains of Ex-President Grant, at Mt. McGregor, N. Y.

Capt. Wm. C. Gorgas, Asst. Surgeon, Granted leave of absence for two months. To take effect about Aug. 10, 1885.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE, for the week ended August 1, 1885.

Fessenden, C. S. D., Surgeon. Leave of absence extended ten days on account of sickness. July 27, 1885.

Godfrey, John, Surgeon. Granted leave of absence for thirty days. July 29, 1885.

Irvin, Fairfax. Passed Asst. Surgeon. To proceed to Richmond, Va., and Wilmington, N. C., as inspector. July 28, 1885.

Ames, R. P. M., Passed Asst. Surgeon. Granted leave of absence for thirty days. July 29. 1885.

Original Articles.

CLINICAL NOTES FROM THE BALTIMORE POLYCLINIC.

ATONIT DYSPEPSIA.—ANEURISM OF ABDOMINAL AND THORACIC AORTA.—TYPHLITIS.—PARALYSIS AGITANS.—MULTIPLE SPINAL SCLEROSIS.—EX-OPHTHALMIC GOITRE.—IODOFORM IN PHTHISIS.—SULPHATE OF MAGNESIA IN DROPSICAL SWELLINGS.

BY G. J. PRESTON, M. D.,

Professor of Practice of Medicine, Baltimore Polyclinic.

The service at the Polyclinic has been quite large during the past few months, and a number of interesting cases have presented themselves. Of course in a general dispensary there are certain diseases which become monotonously frequent and it is necessary for various reasons to adopt a certain standard treatment for them. With this view various experiments have been made in the treatment of Atonic Dyspepsia, which is by far the most common form of indigestion met with at the Polyclinic.

The alkaline treatment, even in cases where acidity was marked, was soon discarded as being only temporary. Sometimes the combination of a simple bitter, as tincture of columbo with soda bicarbonate, acts well for a time. Pepsin has proved of little value in adults unless given in quantities larger than most dispensaries can afford, or than a patient will take.

The most generally useful drug is strychnia in the form of tincture nux vomica. This can be given in much larger doses than it is prescribed. For many of the cases the initial dose was gtt. x to xx t. i. d. with as much acid hydrochlor. dil. This given before meals in cases where the normal acid is in excess, and after meals where it is deficient in quantity is of inestimable service. It is by no means a new treatment, but after a somewhat careful and extensive experience with it, it has proved the most satisfactory.

In some of these cases where, in addition to the ordinary symptoms, there is pain, a very good plan is to add to the above, m i to iii of acid hydrocyanic, dil.

This drug seems to have a peculiar sedative action upon the terminal nerves of the stomach, and will be found useful in various painful affections of this organ.

Many of these cases improve rapidly on iron, and the best way to overcome the unpleasant effects which often prevent its use is by combining gr. x of pot. brom. with gtt. x to xx of the tincture of the chloride.

A number of cases of Aneurism of the Abdominal and Thoracic Aorta have been treated with large doses of pot. iodide with fairly good results. No case has been cured, but several have been very much improved and enabled to do light work.

A very bad case of Typhlitis came to the Dispensary, after having been treated by a druggist for ten days with strong purgatives. There was a large doughy tumor in the right inguinal region, giving a dull percussion note, and exquisitely tender to the touch; abdomen was tympanitic and there was very marked peri-typhlitis. Patient was put on milk diet, and a grain of opium given every three hours, with poultices to the abdomen.

This treatment was continued for two weeks, using opium both internally and externally. The inflammation gradually diminished, bowels were moved and the patient made a good recovery.

A case of Paralysis Agitans in a man, aged 69 years, was very much relieved by a month's treatment with potas. brom. The case was of five year's standing, and was gradually getting worse; while under treatment he regained strength, and the tremor was diminished to such an extent that the man said he was not incommoded by it any longer.

A very interesting case of apparent Multiple Spinal Sclerosis came in with the fallowing history: Had always been fairly healthy; gave an indistinct history of syphilis fifteen years ago; present trouble began about four months previous to coming to the Dispensary; began to have formications in the arm and leg of left side; soon began to lose power of co-ordinating movements; was rendered unfit for work.

When seen, the patient was unable to cross the affected leg over the sound one, and in walking threw the limb in a convulsive, ataxic manner. Could walk as well with eyes shut as open.

No special loss of power, though there was some diminution both of power and sensibility. There was slight loss of reflex, though bladder and sphincter ani were not affected. There was never any pain, and the mind was always perfectly clear, and general health good.

Patient was put on potas. iodide, a drachm a day, and this treatment was continued for a month, when to his great delight and my equally great surprise he recovered entirely. He was seen some months after, and there had been no return of the symptoms.

A female, aged 40, had been under treatment for a month for very marked anæmia, the course of which could not be ascertained, she having had intermittent fever for months. She improved slowly on iron, and left the Dispensary. A few months later she returned, having a rapid pulse, enlarged thyroid, marked ex-ophthalmia, all of which symptoms had appeared in the interval of a month or six weeks, between her visits.

This case adds its testimony in favor of the chloro-anæmic theory of Grave's disease. The patient soon after passed from under observation, but not until the symptoms of ex-ophthalmic goitre became marked.

Iodoform has been used with marked success in cases of phthisis where there are cavities and profuse and offensive expectoration; by giving gr. ss. of pulv. iodoform in pill form, two or three times a day, the expectoration will notably diminish and lose its fetid smell, thus giving the patient considerable relief.

A plan recommended in several of the journals of giving magnes. sulph. in concentrated solution in order to remove dropsical accumulation, has proved very useful; ℥i to iij, given in as much hot water produces very copious watery stools, and patients that have tried it make no complaint of it its action.

Drs. Hunter McGuire, S. P. Moore and Jas. B. McCaw, of Richmond, Va., have resigned their positions in the Congress.

CLINICAL REPORT FROM THE UNIVERSITY HOSPITAL.

SERVICE OF DR. RANDOLPH WINSLOW.

(*Specially Reported for the Maryland Medical Journal.*)

CASE I.—*Strangulated Oblique Inguinal Hernia, Operation for Radical Cure.*—W. C., colored, 35 years of age, has had an acquired oblique inguinal hernia for five years. Hernia irreducible for forty-eight hours, accompanied with vomiting of stercoraceous matter and constipation. The protrusion was rather small, and could not be made to disappear by taxis. Ether having been administered and taxis again failing, herniotomy was performed. After the sac was exposed and the rings were divided, an attempt to perform the minor operation of reducing without opening the peritoneum was made, but this was found to be impossible and the sac was freely divided and its neck nicked. Only a small constriction was found, and this was easily overcome. The bulk of the contents of the sac consisted of a dark-colored fluid. After reducing the hernia, the sac was dissected up and ligated with silk close to the internal abdominal ring. As the silk used was not antiseptic, the ends were left projecting from the wound. The remainder of the sac was cut off. Irrigation with sublimate solution, and powdering with iodoform, with a pad of gauze and oakum completed the dressing. For seveal days he was distressed with hiccoughs and vomiting; his temperature, however, remained low; normal most of the time. His hiccough was controlled by hypodermics of morphia, and after free fæcal evacuations they ceased. He continued to do admirably, was walking around in a week (without permission), and left the Hospital in four weeks, apparently cured.

Several points of interest are presented by this case; one is, the very small amount of intestine found in the sac; but that amount sufficed to cause obstruction of the bowels and stercoraceous vomiting. The sac was filled with dark-colored liquid, which could not be forced back into the cavity. The operation itself only differed from the usual method

by the attempt to effect a radical cure. This was done by dissecting out the sac and ligating its neck, after which the fundus was cut off. Many or perhaps nearly all cases of strangulated inguinal hernia can be radically cured by cutting off the sac after ligating its neck. The rings may also be sutured. Several methods of obliterating the rings have beed devised; that of Southam, of Manchester, aims to plug up the dilated openings with the omentum, which may be found in the sac. The sac with its omentum is dissected up to its neck; this is transfixed and tied in two halves with a strong double cat-gut ligature; the sac and omentum are then cut off beyond the ligatures. This operation is only applicable to those cases in which the omentum descends into the sac. A recent writer expresses the opinion that it will be only a short while until the failure to attempt the radical cure of hernia at the time of the operation for the relief of strangulated hernia will be recognized as a cause for suit for malpractice.

Case II.—*Osteomyelitis of Tibia Following Amputation. Operation.*—G. B., was injured by the falling of a mine eighteen months ago, and his leg was so badly crushed that amputation was necessary. The amputation was about the middle of the leg, but pain set in, and eventually three sinuses formed leading through the bone into the medullary cavity, from which pus constantly exuded. At the time of admission he had been suffering much pain and was unable to follow his employment. Two sinuses were found near the upper part of the bone and one in the end of the stump.

The sinuses were enlarged by chisseling until the medullary cavity was entered, and the whole cavity was thoroughly scraped out. It was then thoroughly irrigated, dusted with iodoform, and dressed. His subsequent history was entirely satisfactory.

The highest temperature on the second and third days reached 101°, pulse 100, soon falling to normal. His pain vanished, purulent discharge lessened and his health markedly improved, and he left for his home in Western Maryland in two weeks, with his wound nearly healed. This is one of a class of cases which not unfrequently come under notice, in which there is inflammation and suppuration of the medullary cavity of the long bones, which continues indefinitely until the patient is soon worn out by prolonged suppuration. If the diseased surface is thoroughly scraped out, disinfected and drained it heals slowly like any other bony surface.

Case III.—*Dorsal Dislocation of Six Weeks' Standing, Reduced by Manipulation.*—A young German fell in the road and dislocated his hip backwards. Entered the Hospital June 26th, six weeks after injury. Symptoms, shortening of right limb, adduction of knee, but not of the foot, marked prominence of trochanter; head and neck of femur can be easily felt upon the dorsum of the ilium; right buttock broadened and flattened, and the gluteal crease was directed obliquely towards the affected side. Under ether the dislocation was reduced by manipulation (Bigelow's method), after several trials, as there were adhesions which required to be broken up. A long splint was applied and kept on about four weeks. He is now entirely well.

The case is rather exceptional, as the reduction was effected without much trouble after the expiration of six weeks. Sir Astley Cooper laid down the rule that it was not justifiable to attempt to reduce a dislocated hip after the expiration of eight weeks; but now, under anæsthetics and by the methods of manipulation, there is practically no limit to the time at which reduction may be undertaken.

Case IV.—*Pyopneumothorax. Operation.*—Mr. A., from Frederick, Md., aged 47, was admitted June 17th. He has been sick and unable to work for nine years. Nine years ago, whilst fireing a locomotive, the engine ran off the track, and he was obliged to crawl underneath it, and lie upon the snow for one-half hour. He was taken sick immediately, and, according to his own account, vomited pus three days subsequently. He did this three times and then ceased. Pain in the side was present. Subsequently he had seventeen hemorrhages. Father,

aged 81, still lives, also his mother. One brother and one sister are said to have died of consumption. Patient is a large-framed, muscular man, who is somewhat emaciated from prolonged suffering. He has a good appetite and and feels pretty well when his side discharges, but is worse when it ceases; usually he has no cough.

Physical signs.—Right side of thorax bulging, intercostal spaces wide, ribs freely movable; percussion sounds very clear, and the resonance extends lower than normal on all sides. Upon auscultation the vesicular murmur is puerile and exaggerated. Left side is flattened, the intercostal spaces are diminished, and the movements of the ribs almost abolished. The percussion sound is resonant but diminished in intensity to the middle of the scapula, below which it is entirely flat almost to the crest of the ilium. Vocal fremitus is diminished on the left side.

Auscultation reveals an absence of vesicular murmur, except at the top of the chest. A distinct splash can be heard on succussion; and amphoric breathing and metallic tinkling. The skin was reddened, and an abscess connecting with the pleural cavity tended to point in the left loin.

The diagnosis of pyopneumothorax having been arrived at, it was decided to resect a portion of a rib in order to provide free drainage. June 19th, made an incision over rib, (probably ninth) in the posterior axillary line, and resected about an inch of it with pliers; the pleura was then incised, and was found to be very much thickened. About one gallon of laudable pus escaped, after which the cavity was thoroughly irrigated with a hot sublimate solution, 1 to 2000, and a drainage tube introduced. June 21st.—Patient is doing extremely well, and is up and walking around. June 26th.—Removed sutures and found the incision healed up to the drainage tube. He is directed to use weak carbolized injections daily and left for home this day.

It is not claimed that a cure has been accomplished in this case, but the first step towards a cure has been taken. In young persons, whose bones are elastic, and in recent empyemas, where the lungs have not been bound down by lymph, incision and free drainage are usually sufficient to effect a cure; but in those old cases where the lungs have been compressed for a long time, the ribs are not able to sink in sufficiently nor the lungs to expand enough to bring ribs and lung in contact. In such cases it is necessary to resect portions of many ribs in order to allow the contact of ribs and lung. This is the method of Estlander, and is the only means by which very old cases of emphyema can be radically cured. It is quite probable that this operation will be necessary at some time in the future upon Mr. A.

Selected Article.

RECENT ADVANCES IN DERMATOLOGICAL THERAPEUTICS.*

BY FREDERICK W. PUTNAM, M. D., BINGHAMTON, N. Y.

It is undoubtedly the general verdict of every intelligent physician in general practice that the treatment of cutaneous diseases, as a whole, is not generally as satisfactory, either to himself or patient, as other departments of practice. The principal reason for this is the little attention given to the subject by the general practitioner.

While I may not be able to instruct you, yet I hope to gain a sufficient amount of your attention to awaken an interest and stimulate a desire for investigation in this department of the practice of medicine.

The methods of treatment which I have outlined are a review of some of the more recent advances in cutaneous therapeutics.

It is not to be understood, however, that the remedies mentioned in this paper are recommended as the best or only remedial agents to be used in each instance in the management of the various diseases under consideration to the exclusion of other and well-recognized plans of treatment, but as supplementary thereto.

*From the *Journal of Cutaneous and Venereal Diseases* for August, 1885.

I wish to direct your attention, first, to a class of preparations but a very years ago introduced into cutaneous therapeutics, and known by the general designation of the oleates.

The advantages which it is claimed the oleates possess over ordinary ointments are the following:

1st. Their deep penetration.

2d. Their freedom from rancidity.

3d. Their cleanliness of application.

4th. Their great economy.

5th. Their antiseptic and deodorant properties.

A long list of substances have been included in the oleate preparations.

Among the number may be mentioned copper, mercury, bismuth, zinc, etc. These preparations seemed to gain their popularity by the success achieved by an ointment of the oleate of copper in the treatment of ringworm. The oleate of copper is an excellent application in ringworm. The oleate of mercury would be indicated in the inunction treatment of syphilis, and in the various parasitic diseases. The oleate of bismuth would be useful in rosacea, and zinc oleate in vesicular eczema, and excessive sweating or hyperidrosis. Dr. Shoemaker, of Philadelphia, reports favorably on the oleate of copper in the removal of freckles or lentigo, yet he does not claim that it is a specific for this disfigurement. It will be remembered that Dr. Shoemaker is an enthusiastic advocate of the treatment of skin diseases by the oleates. Whether the oleate of copper will prove itself a better remedy in lentigo than a solution of corrosive sublimate remains for the future to decide. There is no question but that the oleates are a valuable addition to the therapeutics of skin diseases.

At the recent meeting of the Pennsylvania State Medical Society, held the last week in May, Dr. Shoemaker spoke of medicated soaps. Potash and soda soaps are medicated with tar, napthol, carbolic acid, salicylic acid, sulphur, balsam of Peru, alum, camphor, eucalyptol, corrosive sublimate, etc. They must be used with caution, as they are productive of harm as well as good, and they should not be relied on exclusively.

Dr. Engelsted, of Copenhagen, Denmark, made a report some time ago in regard to the use of napthol in skin diseases. This remedy was first proposed by Kaposi, of Vienna, as a remedy in scabies. Kaposi recommended an ointment composed of fifteen parts of napthol, ten of chalk, fifty of green soap, and one hundred of lard. The results reported by various dermatologists do not correspond, as might be supposed. Engelsted is not inclined to regard it with much favor, except, possibly, in scabies, while Von Harlingen, of Philadelphia, is especially pleased with its action in scabies, and regards it as a valuable addition to the external treatment of psoriasis. In eczema, seborrhœa and ringworm, he has not obtained the brilliant results claimed by Kaposi. In psoriasis it is used in the proportion of forty-five parts of napthol, one hundred of water, and two hundred of alcohol. This solution is applied to the scaly portions of the disease morning and evening. It cannot be used many days at a time on account of the irritation it produces. Engelsted does not consider it as valuable as chrysarobin in the treatment of psoriasis. It is useful in a weak solution to allay itching.

Dr. Corlett, of Cleveland, O., recommends bromide of arsenic internally, and chrysarobin pigment externally in psoriasis.

Dr. George Henry Fox, in the second edition of his "Photographic Illustrations of Skin Diseases," speaks of a combination of chrysarobin, salicylic acid, ether and collodion for the external treatment of psoriasis. The formula which he advises is as follows:

Chrysarobin,	10 parts.
Salicylic acid,	10 "
Ether,	15 "
Flexible collodion,	to 100 "

This combination is known at the New York Skin and Cancer Hospital as the "Compound Chrysarobin Pigment." Dr. Fox speaks very highly of this treatment. Chrysophanic acid causes more staining of the integument, and sometimes excites a very pretty severe dermatitis, besides injuring clothing. This combination of chrysarobin does not produce those unpleasant effects.

Dr. H. G. Piffard, of New York, recently recommended bromide of arsenic in doses varying from one one-hundredth to one-fiftieth of a grain, two or three times a day, in acne vulgaris.

Dr. Morrow presented a case of eczema of the leg at a meeting of the New York Dermatological Society, February 26, 1884, treated with medicated gelatin plaster. The following formula was used:

Glycerin,	250 parts.
Gelatin,	1000 "
Water,	2000 "

This was medicated with ten per cent. of oxide of zinc and one per cent of carbolic acid. This was applied to the diseased skin, and allowed to remain a number of days. It forms a firm, protective coating, and retains the medicinal application evenly in contact with the disease. Another way of preparing plasters is to spread a coating of the medicated gelatin or other combination on muslin. The muslin can then be cut in any desired shape, and made to fit any inequality of the surface.

Dr. W. T. Alexander, of New York, recently called attention to the success he had met with in treating ringworm of the scalp, in a public institution, with the use of a ten per cent. solution of chrysarobin in liquor gutta-percha. The pigment was painted over the diseased ring with a brush, and allowed to remain a number of days.

Within the past year, a mode of preparing medicated powders for moist skin affections was brought to the notice of American dermatologists by Dr. Faithful, of Australia. The remedy is first dissolved in alcohol, ether or chloroform. The solution is then mixed with starch or French chalk, and the alcohol, chloroform or ether allowed to evaporate. The evaporation should be conducted without the aid of heat. A fine medicated starch or chalk-powder remains. Various remedies may be prepared in this way. Vesicular eczema, intertrigo, herpes, ulcers, etc., may be treated with these powders. "Anderson's Dusting Powder," an old but valuable remedy, is useful in the same conditions. This powder is composed of one-half ounce of zinc oxide, one drachm and a half of camphor, and one ounce of starch.

The somewhat remarkable statement has been made that a crop of warts has been removed from the head by daily ten-grain doses of calcined magnesia, taken in the morning before breakfast. It has the merit of being harmless and simple, but I doubt very much the efficacy of the treatment.

Alder Smith recommends seven grains of chrysophanic acid to one ounce of chloroform in the treatment of ringworm.

Resorcin, a preparation from various gum resins, has been recommended in eczema, erysipelas, ulcers, wounds, and epithelioma. It is used in the proportion of one or two parts to ten of vaseline. It has not been used very extentensively, and does not seem to have proven itself a very valuable addition to the therapeutics of the disease mentioned.

Dr. R. W. Taylor, of New York, recommended a measure, last year, in the treatment of eczema marginatum, and of ringworm in general, of using a solution of corrosive sublimate in tincture of myrrh, or compound tincture of benzoin. Two to four grains to the ounce is the strength used: It is perhaps as well to commence with the weaker solution. The principle of using the benzoin or any of the gum resins is to furnish a vehicle for retaining the corrosive sublimate in contact with the diseased patch of skin. It is not thought that the tinctures have any therapeutic effect on the disease.

Dr. S. Sherwell, of Brooklyn, read a paper before the annual meeting of the American Dermatological Association, in August, 1884, on the treatmeat of acne and rosacea in the male subject. He made the basis of his remarks some old chronic cases of acne and rosacea. They had resisted every plan of treatment. They were finally relieved of the disease and its annoying disfigurement, by the introduction of the cold steel sound. The sound was passed every third day for a time, gradually increasing the interval to once a week, as improvement followed.

At a meeting of the New York Dermatological Society, held March 24th,

1885, Dr. George Henry Fox made some remarks concerning the balsam of Peru, combined with the various metallic oxides, as an adhesive dressing in skin diseases. Zinc, bismuth, magnesia, etc., may be thus combined. He also spoke of the treatment of psoriasis by salicylic acid in castor oil. Two to five per cent. is the strength ordinarily used.

In the April number of the *Journal of Cutaneous and Venereal Diseases* for this year, is a note from Dr. Greene, of Christiana, recommending iodide of potassium in fifteen-grain doses three or four times a day, gradually increasing it, for psoriasis.

Pyrogallic and salicylic acids have beee recommended in the treatment of chancres and venereal ulcers. Of the two, the pyrogallic has the greater weight of evidence in its favor, as being more prompt and certain in action. It should not be combined with soap or other alkali, as it is thus readily decomposed.

Calx sulphurata, an article brought into prominence about fourteen years ago by Dr. Sydney Ringer, as a remedy in furuncles, is of value in other skin affections. Cane reported favorable results from its use, in 1878, in acne, and in eczema rubrum.

One of the latest remedies for psoriasis is the fluid extract of burdock seed. It is recommended in doses of twenty drops to one drachm three times a day. I have used it with apparent benefit, but I have not had an opportunity of testing it sufficiently to be able to report intelligently in regard to it. It has been spoken of favorably by a number of physicians, yet it does not seem to have gained the confidence of those who know the most of dermatology.

Dr. E. L. Keyes, of New York, read a paper before the New York Dematological Society, the first of this year, entitled "Note on Hydrochlorate of Cocaine: Its Possible Dermatological Uses." Briefly, it is recommended in cutting out small tumors, opening abscesses, in epilation, applying caustic to syphilitic sores, etc. There is no doubt but that it can be used to good advantage in many skin affections.

I wish to say a few words in regard to phytolacca decandra. It is well-known that this remedy possesses the remarkable power of arresting glandular inflammation, especially of the mammæ. The thought has occurred to me, of late, that it might prove advantageous in acne, and possibly in comedo and seborrhœa. I have not had occasion to try it as yet, but intend to give it a trial at the first opportunity. It may not be of any value, but a thorough test of it would do no harm.

The Diagnosis between Indurated Chancre and Herpes.—It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. M. Leloir, however, calls attention (*Journ. de Connaiss Méd.*, April 2d, 1885), to the fact that when a herpectic ulcer is pressed between the fingers a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized œdema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.—*Brit. Med. Journ.*

The Allegheny County Medical Society (Pittsburgh, Pa.) and the Dallas County (Texas) Medical Society have passed resolutions condemning the action of the New Orleans meeting of the American Medical Association in reference to the Congress.

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BALTIMORE, AUGUST 15, 1885.

Editorial.

THE BRITISH MEDICAL ASSOCIATION AND THE AMERICAN MEDICAL ASSOCIATION COMPARED.—A statement was made in a recent issue of this JOURNAL that the profession in the United States greatly needed a National Scientific Association that was capable of meeting all the requirements of a vigorous and intelligent scientific organization.

For some years past the American Medical Association has attempted to represent the interest of scientific medicine in this country. Quite recently the profession has been made aware of the fact that the American Medical Association is totally incapable of dealing with serious and important medical interests. Whatever value it may have to the medical profession it it is a serious fact that interests of the profession are not subserved by the Association in a manner to give entire satisfaction. There are serious defects somewhere in its organization and conduct, and unless these are plucked out the Association will remain a crippled and feeble scientific organization. The faults which exist in the plan and government of the Association must, in our judgment, be corrected before it can take a healthy, vigorous and intelligent grasp upon the profession, and before it can rise to the highest aims and purposes of a national medical organization. It is not our purpose to suggest remedies for the ill-health of the Association, but we propose to show by way of comparison that the Association is in an unhealthy physical and mental condition. We will permit some of our exchanges to make a diagnosis of the pathological condition which is undermining the vitality of the Association and to suggest the appropriate treatment.

We have before us the Annual Report of the Council of the British Medical Association, which was presented to this body at its fifty-third annual meeting, held July 28th, 29th, 30th and 31st. From this report we are able to present a number of useful and suggestive facts relative to the highly prosperous and progessive condition of the British Medical Association, a scientific body which bears pretty much the same relations, ostensibly, to the profession in Great Britain that the American Medical Association claims to do to the profession of the United States.

This report says that on July 1, 1884, the membership of this Association numbered 10,826; of these 123 have since died, and 162 have resigned; 708 members have been elected during the year, leaving a total of 11,249 members on the roll of the Association on June 16th, 1885. This report also states that the revenue of the Association for the year ending December 31st, 1884, was £22,256 and the surplus after paying expenses was £2,319. The total invested funds of the Association, exclusive of trust funds, amounted to £19,541. The Association owns and publishes the *British Medical Journal*, a publication which enjoys not only a high reputation at home, but throughout the world. Apart from the valuable work the Association *Journal* is doing for the profession in Great Britain, the Association expends a large sum of money each year in promoting original research and in advancing scientific medicine.

The Association has organized various Branches in different sections of Great Britain, which add largely to its efficiency and prosperity. The various committees appointed by the Association have charge of all questions which affect public and professional interests. It is safe to say that no medical organization is doing more to elevate the standard of scientific

medicine and to promote the best interests of the medical profession than the one under consideration.

As we see the machinery of the British Medical Association in operation and observe its movement, we are reminded of the power and effectiveness of thorough organization, and its vast possibilities when guided by intelligence and sound judgment.

The British Medical Association owes its prosperity to the fact that its whole organization is based upon an active and intelligent principle. It exists for the entire profession in Great Britain, and its conduct is regulated by the highest aims and needs of the profession. Men who seek honors at its hands do so in obedience to high principles and motives. The Association does not exist to give prominence to men who can only reach prominence through its agency. It is not a political or sectional body that flips about over the country at the bid of a few hospitable members. Its aim and purpose is strictly scientific. Its members take a pride in promoting its best interests from the fact that the Association is promoting the very highest professional interests.

Let us consider, by way of contrast, the American Medical Association.

This Association has been in existence since the year 1847. It has an average membership of less than 3,000. It owns little or no property. It has done but little to promote original research, and it has not been able to grasp hold of the various questions which interest the American profession. The Association has a Code of Ethics, which has probably (?) done more for the profession than anything else, but apart from this feature of regulating ethical questions, it has nothing to proclaim to the world as worthy of high respect or consideration. The annual meetings of the Association may possibly do good in a social and semi-scientific way. These gatherings at times have been enjoyable re-unions, and we believe tend to promote good feeling, to create friendship and to elevate the professional tone. But we ask, is there not a serious and important work for a National Medical Association to do? Are there not scientific and professional interests in the United States, which can only be promoted by a National Association? The medical profession in the United States now numbers between 60,000 and 70,000 members, about double that of Great Britain, we believe. Many of these men are practicing medicine in the most ignorant and unscientific manner. The public and the profession is being ignominiously wronged by the herds of quacks that flood our land. With no organized power to deal with the important relations of scientific medicine to society, the medical interests of this country are annually going from bad to worse. We repeat, shall we have a vigorous, intelligent National Medical Association, or shall we continue to follow the fortunes of the one which is ill from its own incapacity and sluggishness and which has, of late years, manifested little strength beyond that for log-rolling and wire-pulling for its high honors? Shall the American Medical Association be reorganized and thus be lifted out of the rut of degeneracy into which it has fallen, or will the scientific minds in the profession establish a National Association capable of meeting the requirements of an enlightened and scientific body of medical practitioners? These are serious questions for profes sional consideration at this time. Who will answer them?

Genius a Predisposing Cause of Insanity.—There is an idea quite prevalent in the minds of many people that genius is allied to madness, or to express this idea in more forcible language, that the individual endowed with this gift is more or less a "crank," meaning by this term an erratic and illy-balanced intellect. This idea has insinuated itself into poetry and prose, and has so taken hold of the common-sense class of people that the possession of genius is considered by many equivalent to being possessed with mental unsoundness.

In an article in a recent number of the *Nineteenth Century* a writer, Mr. Sully, has undertaken to explain the relations between genius and insanity. Without being able to define the exact phase of mind which characterizes an

individual as a genius—which after all is only the higher development of mental qualities with which all are endowed —Mr. Sully comes to the conclusion that the possession of genius is unfavorable to the maintenance of robust mental health. The possession of genius carries with it special liabilities to the action of disintegrating forces.

The genius possesses a preternatural sensitiveness of nerve, and perpetual hyperæsthesia is so common in original and poetic minds that a state of delicate equipoise, of unstable equilibrium characterizes the psycho-physical organization of these individuals. The disturbing forces increase as the nervous organization becomes more highly specialized. According to Mr. Sully the lowest portions of the nervous-organization are the most simple in their constitution and the oldest. These nervous arrangements have become so completely organized by generations of activity that they cannot become disorganized except by a disturbance great enough to destroy the whole organism. The highest portions of the nervous system on the contrary are more recent in their development and more complex in their function. They have reached a less complete stage of organization, and are for these reasons more liable to derangement. It is a law of all organization that the more complicated and the more recent it is the more liable is it to fail, hence the highest of all nervous arrangements are by reason of their superiority the most liable to disorganization. The more complex the nervous system becomes by development the greater are the facilities for its disturbance. The genius then, by reason of the superiority of his mental gifts, is exposed to disturbances which the less highly organized mind may escape. But stability of mental power is reached in some individuals through previous development in members of his family. In this way one man of genius may have a more stable organization than another, and is less likely to suffer the consequences of recent organization; or as Mr. Sully argues, individuals of average abilities have a certain stability of nervous power due to their organization in previous members of the race, whereas in the genius there is a thick stratum over and above that which would give him mediocre abilities, and this stratum has to get all its organiztion in the lifetime of one individual. The thicker this stratum, the more tissue must be organized in the lifetime of the individual, and the more likely is this organization to fail. From this it follows that through successive generations of mental cultivation and training an individual may reach a high state of stable mental organization and approach the border land of genius without suffering disturbances of his mental faculties, and conversely the individual whose superior intellectual gifts are the result of an accidental organization rather than the outgrowth of a strong and healthy herditary development is exposed to the dangers of disturbing forces by the recentness of his mental growth. These facts have analogies in all organic growth. Toughness, strength and durability in vegetable, as in animal life, are the result of forces which have been in continuous operation in the race development of the animal and in the family history of the plant for centuries. In fact, firmness in the texture of fibre is synonymous with slow growth, and whilst this growth may be forced by the environment of the plant the general law is not changed. We must therefore admit the force of Mr. Sully's argument and expect to find the tendency to insanity lowered by a course of physical and mental training which has been in operation longer than during the lifetime of a single individual.

The *Medical Record* says, "The last census reports show that the men and women of Kentucky are the tallest in the world, owing, we doubt not, to their good doctors and the blue-grass whiskey, which reminds us of the observation of an acute physiologist, who says that man is composed of one part solids and two parts water, unless he is born in Kentucky."

BOOKS AND PAMPHLETS RECEIVED.

Diseases of the Tongue. By HENRY T. BUTLIN, F. R. C. S., Assistant Surgeon and Demonstrator of the Larynx St. Bartholomew's Hospital, etc. Illustrated with Chromo-Lithographs and Engravings. Philadelphia: Lea Brothers & Co. 1885. Pp. 445.

Comparative Anatomy and Physiology. By F. JEFFREY BELL, M. D., Professor of Comparative Anatomy at King's College. Illustrated with 229 Engravings. Philadelphia: Lea Brothers & Co. 1885. Pp. 548. For sale by Cushing & Bailey, Baltimore.

Elements of Modern Medicine; Including Principles of Pathology and Therapeutics; with many Useful Memoranda and Valuable Tables for Reference. Designed for the use of Students and Practitioners of Medicine. By R. FRENCH STONE. M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine in the Central College of Physicians and Surgeons, Indianapolis, Ind., etc. New York: D. Appleton & Co. 1885. Pp. 368.

Miscellany.

THE DETERIORATION OF CHRYSAROBIN.—At several recent meetings of the New York Dermatological Association there have been discussions concerning chrysarobin or chrysophanic acid, relating more especially to its apparent deterioration in strength and activity during late years. The experience of several of the members was given and no one present contested the prevailing sentiment that the chrysorobin, as attainable in this market, is greatly inferior to the article furnished at the time of its first introduction. In other words, it requires two or three times as much chrysarobin to obtain a given effect as was formally necessary. An application containing, say five per cent. of chrysarobin, would, a few years ago, usually produce an active dermatitis, and a prompt therapeutic effect. At present, the same results cannot be gotten from a ten per cent. preparation.

The *Journal of Cutaneous and Venereal Diseases* in an editorial on the subject says "the important position occupied by chrysarobin in cutaneous therapeutics at the present day renders any tampering with its quality a matter of serious concern, and with a view of elucidating the question, we are making an effort to ascertain all the facts in the case. To this end we have corresponded with several wholesale and importing druggists and others, both in this country and abroad. So far as we can learn, most of the chrysarobin sold here comes from Merck, of Damstadt, and to him therefore, we must first look for an explanation of the matter in question. We here publicly call attention to it, and tender him the full use of our columns for any statement he may think fit to make

In order to ascertain whether the dissatisfaction is purely local (New York) or is more widespread, we invite our colleagues in other cities, here and abroad, to communicate their experience."

POISONING FROM CHLOROFORM.—Dr. Llewellyn Eliot presents a case of poisoning from chloroform taken internally, and adds a table of the reported cases (*N. Y Med. Record*, July 11, 1885).

The table shows that death resulted in 16 cases; of this number but 6 died in twenty-four hours; the other 10 surviving various periods until the eighth day. The mortality was 26.78 per cent.

The mortality of chloroform is 1 to 5,860; that of ether, 1 to 16,542; that of nitrous oxide, 1 to 100,000; we see that chloroform is not an agent to be used indiscriminately nor in the absence of proper antidotes. Deaths are rather due to paralysis of the heart and respiratory organs. When administered internally, the symptoms produced are of the same character, only more intensified and more lasting than those following inhalation.

It is impossible to state with exactness the amount of chloroform that can be administered by inhalation. In a case of puerperal eclampsia that E. brought to a successful termination, one and a half pounds were administered in thirty-six hours. The same holds good in regard to doses by the mouth; recorded cases show quantities varying from ℥ss to ℥vj. The symptoms of the toxic action of a fatal dose, in addition to general muscular relaxation, perfect anæsthesia, and insensibility, are cyanosis, convulsions, jaundice, sudden paleness of face and lips, stoppage of the pulse and respiration, involuntary passage of urine and fæces.

In treating cases of internal adminis-

tration, the first indication is evacuation of the stomach by emetics or stomach-pump. Fresh air, sinapisms, flagellations, cold douche, strong coffee, with ammonia, strichnia, digitalin, or morphia sulphate hypodermically administered, are the measures to be adopted; artificial respiration, lowering the head, drawing the head forward, lifting the chin, hot applications and inhalations of nitrite of amyl should be employed.

Electricity is advocated upon theoretical grounds. Dr. Reuss recommends subcutaneous injections of apomorphia. Spence prefers ammonia to alcohol as a stimulant, on account of alcohol increasing the already increased amount of carbon in the blood, while ammonia acts merely as a powerful stimulant. The post-mortem appearances are not pathognomonic. Fifty-seven cases are recorded in the table, extending from 1851 to date. —*Med. and Surg. Reporter.*

Deviation of the Nasal Septum.—Although the introduction of the laryngoscope nearly thirty years ago rapidly developed a new era in the diagnosis and treatment of diseases of the larynx, it is a much shorter time since greater attention has been paid by specialists to affections of the nose and its adjacent parts. In the July number of *The American Journal of the Medical Sciences*, Dr. J. W. Gleitsmann, of New York, in an instructive paper on deviation of the nasal septum, points out the different important functions performed by the nose in the human economy, and the results of interference with these functions. The upper part of the nasal cavity, the olfactory region, presides over the sense of smell, whilst the lower one, the respiration, is the normal way for the air during the act of respiration. Interference with this natural channel leads to mouth-breathing with its manifold subsequent evils. When the air passes through the nose, it is not only cleansed and moistened but it also reaches the lungs much warmer than when breathing is going on by the mouth. Nasal respiration with closed lips further exerts a negative pressure of two to four milligrammes of mercury in the oral cavity, by which the tongue is drawn to the hard palate, and the muscular action, maintaining the position of the lower maxilla, greatly assisted. The nose also acts the part of a resonant chamber for the human voice, and nasal obstruction imparts to it the so-called dead character, described in Meyer's paper on adenoid vegetations. Finally, it is due to the anatomical relations of the nose to the eye and ear that cases of catarrhal conjunctivitis, lachrymal fistula, frequently only heal when coexisting nasal affections are relieved, and that the latter are, in an overwhelming number of instances, productive of aural disease often of the severest kind. Aside from the symptoms of nasal stenosis in a greater or less degree, deviations of the septum, Dr. Gleitsmann points out, are apt to cause disfigurement of the face, and also have some relation to the bony structures of the head, which he fully explains. The pathology, etiological, symptomatology, and treatment of these deviations is fully discussed.

Coniine in the Treatment of Cough.—The *Centralblatt fuer die Gesammte Therapie* publishes the following formula:

Coniine hydrobromate, } each 15 grs.
Sugar of milk, }
Mucilage of gum Arabic, a sufficient quanity.

Divide into forty pills, from two to four of which are to be given daily for nocturnal convulsive cough.—*N. Y. Med. Journ.*

A Large Rhinolith.—A large rhinolith has been extracted by Schmiegelow, of Copenhagen, from the left nostril of a man of 58; a powerful ecraseur was used, and two sittings were requisite. The stone was as large a walnut, and somewhat forked as it embraced the inferior turbinated bone. The composition was chiefly phosphate of lime and magnesia, with some carbonate and traces of chlorides. There was very little organic matter, and no oxalate of lime.—*Lond. Med. Times.*

New Methods of Performing Cæsarian Section.—T. W. Hine states in the *Medical Chronicle* (June, 1885), that the opinions of Fehling, who has performed more successful Cæsarian sections than any other surgeon, are well deserving of attention. He prefers Porro's method to the classical, to Sanger's, or to any other modification. The chief dangers in the old operation were of septicæmia, of profuse hemorrhage during the operation, and of secondary hemorrhage after it. All of these are avoided in Porro's operation. Between the publication of his method by Porro in 1876 and 1883, 150 cases of the new operation have been published, with a mortality of 55.8 per cent., against 88.90 per cent. with the old operation. Muller's modification of Porro's operation, viz., withdrawal of the uterus from the abdominal cavity, and application of an elastic ligature, is considered as the best by Fehling. He advocates extra-peritoneal treatment of the pedicle as most likely to prevent secondary hemorrhage, and he adopts Hegar's method of suturing the peritoneum below the ligature to the edge of the abdominal wound. Of five cases operated on in this way by Fehling, four recovered and one died of septicæmia. Sanger advised the excision of a portion of the muscular substance of the uterus below the serous covering, in order to be able to suture the serous membrane on both sides together. This is an unnecessary procedure, as the serous membrane is very distensible. Leopold has operated three times successfully according to Sanger's method; Benner once successfully. Fehling sees no advantage in Kehrer's horizontal incision above the os, instead of the usual vertical one. He condemns peritoneal drainage.

Any practicing surgeon may be unexpectedly placed in the responsible position of having to perform Cæsarian section. He should, therefore, be prepared to adopt the safest and easiest operation, which undoubtedly is Porro's.—*Weekly Med. Review.*

Therapeutic Significance of the Cervical Follicles.—In an interesting and exhaustive article having the above title, (*N. Y. Med. Journ.*) the author, Dr. Simon Baruch, of New York city, arrives at the following conclusions:

1. A thorough knowledge of the anatomy, physiology, and pathology of the cervical follicles will simplify the treatment of many uterine affections.

2. The cervix uteri represents a large gland of active and important function in the various sexual relations of women.

3. In the majority of the more common diseases of the uterus the mucous membrane and its follicles play the most important role. A recognition of this fact will make treatment more successful.

4. Metritis, subinvolution, hyperplasia with catarrh, erosions, etc., must be studied in connection with the glands of the cervix.

5. In obstinate cases medicinal applications fail because the secreting surfaces of the follicles are not reached. Scarification and the curette are valuable adjuncts in nulliparous women or in parous women without cervix laceration.

6. In parous women with lacerations, trachelorrhaphy is the most valuable procedure. As a simple plastic operation it will fail. Success depends on extirpation of the follicles, which is more important than "removal of the cicatricial plug."

7. The microscope demonstrates the dependence of catarrh, ulceration, erosion, and hypertrophy of the cervix, and often also of the body of the uterus, upon the glandular structure of the cervix uteri.

8. The cervical follicles are significant as elements in the pathology of cervix cancer, because the microscope demonstrates the dependence of the latter upon erosions, which are based upon the gland structures.

9. Laceration and erosion must be regarded with suspicion, as possible sources of future malignant disease. In operating for their removal, extirpation of the cervical follicles must be unsparing.

Hysterical Suppression of Urine.—A peculiar case has been communicated by Dr. T. J. Gribling, of Waalwijk, to the Netherlands Medical Socity, where

there was profuse perspiration, accompanied with partial, and, for a time, with complete suppression of urine. The patient was a girl of nervous constitution, who was, however, in good health till she was about 12, when she somewhat suddenly complained of extreme fatigue and want of power in the legs. She then began to suffer from violent headache of the left frontal region, which, through persistent, always became especially violent at noon. In the evening, when it abated, profuse general perspiration came on. When the writer first saw the child, this had been going on for some months. There were converging strabismus, and quick respiration and pulse; the temperature was normal, and no organic disease could be detected. The legs were quite powerless, but gave normal electric and reflex reactions. She had not at that time menstruated. The bowels acted very rarely, and the quantity of urine was very scanty. The food taken was very small in quantity; nevertheless, the girl's weight did not materially decrease. This state of things continued for a year, uninfluenced by arsenic, atropine, and numbers of other remedies which were tried. The suppression of urine then became absolute, and the perspiration still more profuse. The author was careful to remark in the patient's hearing that. when the urine returned, the perspiration would be diminished. In about five weeks' time, menstruation occurred, and a quantity of urine was passed. On this, the girl said to her mother: "Now the sweating will cease," and, in fact, it did so, and did not return. The urine continues to be passed in satisfactory quantity, but there is still headache and want of power in the legs.—*Brit. Med. Journ.*

THE PNEUMONIA-COCCUS OF FRIEDLANDER.—Dr. George M. Sternberg, U. S. A., in a paper which appears in the July number of *The American Journal of the Medical Sciences*, calls attention to the so-called pneumonia-coccus of Friedlander, which he claims is, in fact, identical, specifically, with a micrococcus which he previously described, and which is found in normal human saliva, and with that found by Pasteur in the blood of rabbits which had been injected with the saliva of a child which died of hydrophobia in one of the Paris hospitals. This micrococcus he names *Micrococcus-Pasteuri*. The capsule, or mucous envelope, which sometimes surrounds this micrococcus, described by Friedlander in 1883, and photographed by Sternberg two years previously, cannot be accepted as a distinguishing character of this species, inasmuch as it is not constantly present, and the circumstances upon which its development depends have not been accurately determined. It is established that this is a pathogenic organism, as far as certain lower animals are concerned, and that its pathogenic power varies under different circumstances. It seems extremely probable that this micrococcus is concerned in the etiology of croupous pneumonia, and that the infectious nature of this disease is due to its presence in the fibrinous exudate into the pulmonary alveoli.

But this cannot be considered as definitely established by the experiments which have thus far been made upon lower animals. The constant presence of this micrococcus in the buccal secretions of healthy persons indicates that some other factor is required for the development of an attack of pneumonia; and it seems probable that this other factor acts by reducing the vital resisting power of the pulmonary tissues, and thus making them vulnerable to the attacks of the microbe. This supposition enables us to account for the development of the numerous cases of pneumonia which cannot be traced to infection from without. The germ being always present, auto-infection is liable to occur whenever from alcoholism, sewer-gas poisoning, crowd-poisoning, or any other depressing agency, the vitality of the tissues is reduced below the resisting point. We may suppose also that a reflex vaso-motor paralysis, affecting a single lobe of the lung, for example, and induced by exposure to cold, may so reduce the resisting power of the pulmonary tissue as to permit this micrococcus to prodnce its characteristic effects.

Again, we may suppose that a person,

whose vital resisting power is reduced by any of the causes mentioned, may be attacked by pneumonia from external infection with material containing a pathogenic variety of this micrococcus having a potency, permanent or acquired, greater than that possessed by the same organism in normal buccal secretions.

Daniel's Texas Medical Journal is the title of a new medical monthly edited and published in Austin, Texas, by Dr. F. E. Daniel, of that city. The first number of this publication has just made its appearance, and presents quite an attractive table of contents. The editor, Dr. Daniel, is not unknown to literary fame. As one of the recent editors of the *Texas Courier Record of Medicine* he has been quite active in building up the scientific and professional interests of the Lone Star State. Dr. Daniel wields a fluent and trenchant pen, and in his editorial send-offs, has been compared to the lamented Gaillard. One of our contemporaries has ventured to christen him the "Mephistopheles of medical journalism," so we wish our brother "Mephistopheles" all the success and comfort possible to be obtained from the guileless paths of journalism.

Hay Fever: Its Cause and Cure.—In an excellent and very practical paper having the above title, published in the *Chicago Med. Journ. and Examiner* (July, 1885), the author, Dr. E. Fletcher Ingals, of Chicago, reviews the history, causation and treatment of hay fever. Dr. Ingals reaches the following conclusions, which seem to him to have been established in reference to the treatment of hay fever:

1st. Nearly all cases may be cured by systematic, thorough, superficial cauterization of the hypersensitive portions of the nasal mucous membrane, providing the treatment is carried out during the intervals between the attacks. 2d. The most effective and the least painful means of accomplishing this, is by the galvanocautery. 3d. Care must be exercised to treat every sensitive spot and not to cauterize too large a surface at once. 4th. The operation may be made painless by a proper use of hydrochlorate of cocaine. 5th. In nervous subjects general treatment must not be neglected. 6th. The effects of cocaine in hypertrophic catarrh, and in the case of idiosyncratic coryza just reported render it highly probable that it will give much relief in many cases of hay fever.

The Use of Osmic Acid in Peripheral Neuralgias.—In a paper having the foregoing title (*N. Y. Med. Journ.*, August 1, 1885) the author, Dr. George W. Jacoby, arrives at the following conclusions:

1. We have in osmic acid a remedy which is of service in the treatment of certain cases of peripheral neuralgias, and in some cases where every other remedy has failed.

2. Osmic acid is not an anti-neuralgic, its action is very localized, and it frequently fails where other remedies succeed.

3. Its employment is in most cases very painful and not altogether free from danger.

4. In view of Case 8, it is dangerous to implicate a motor nerve in the injection.

Excision of the Larynx.—The *Brit. Med. Journ.* says: On Saturday, July 11th, Mr. Henry Morris excised the larynx of a man for what turned out to be epithelioma. The patient had been suffering from severe laryngeal symptoms for four years; tracheotomy became urgent four months ago, and, more recently, constant spasm and dyspnœa, due to the pressure of the growth on the upper part of the tracheotomy-tube, had rendered his existence unbearable. The growth was confined within the air passage; it filled the upper part of the larynx completely, and the cricoid cartilage partially. The larynx was removed by cutting through the thyro-hyoid membrane, and the tissue between the cricoid cartilage and the first ring of the trachea. The gullet and pharynx were not opened. The patient has not had a bad symptom; the wound on Wednesday night looked very healthy, and the patient could sleep for seven or eight hours continuously.

THE REFRACTION OF THE HUMAN EYE.—Dr. B. Alex. Randall, of Philadelphia, presents in the July issue of *The American Journal of the Medical Sciences* a critical study of the statistics which have thus far been obtained by examinations of the refraction, especially among school children. The results of his investigation seem to fully uphold the following conclusions:—

1. Myopia is almost unknown in infancy and very infrequent before the beginning of school-life. In the earlier school-years its percentage is still low, and it is only in the advanced classes, especially of the German schools, that it ever attains to a preponderance. It has been found in not more than 39 = 2.54 per cent. of 1534 eyes of infants, in not more than 28 = 7.86 per cent. of 356 eyes of children under the school age, and in only 1582 = 6.79 per cent. of 23,-315 eyes of children examined during the first three school years—figures which more accurate methods might have made lower. Among 3052 eyes of young men, upon whom the school influence had not been excessive, it was found in 347 = 11.4 per cent.—a percentage which probably oversteps the maximum which it is likely to attain outside of the schools.

2. Hypermetropia is the enormously preponderating condition in infancy and early childhood, and the first years of school-life witness little reduction in its proportion. Outside of the schools it remains by far the most frequent refraction throughout life, and in the schools it is decreased by the change of the myopic refraction in a degree apparently varying according to the circumstances calling into existence that defect. It was found in 1400 = 91.26 per cent. of the 1534 eyes of infants examined, in 291 = 81.75 per cent. of the 356 eyes of young children, and in 2564 = 76. per cent of the 3358 eyes of children in the elementary school years, among whom it was sought with adequate care. So also in the higher schools, it constituted at least 56 per cent. of the whole number of eyes studied by competent methods, being found in 5587 of the 9965 examined.

3. Astigmatism has been rarely sought with care, and the data with regard to its frequency are not sufficiently wide to justify definite conclusions. The findings of the studies where it has been well looked for, concur with the clinical work in indicating a measurable degree of astigmatism (0.5 D. or more) in the majority of ametropic eyes.

4. Emmetropia in a mathematically strict sense has probably no existence. Approximating emmetropia (Am. $< \pm$ 0.5) is infrequent in all ages, probably at no epoch exceeding 10 per cent. Its apparent proportion is swollen by the array of eyes "*not proven*" ametropic, and we have but few studies where the accommodation has been with certainty set aside and its existence fairly well shown. Cohn among 299 atropinized eyes proved in no single instance its presence. Under hematropine Hansen found it in but 16 of 1610 eyes, and Durr in 30 of 414 eyes; it constituted at most 60 = 2.6 per cent. of these 2323 eyes. Among the infants and young children 136 = 7.36 per cent. of the 1834 examined under atropine may have been emmetropic; and Roosa's brief study indicates that it is probably as rare in adult life, even when perfect function apparently proves its presence.

5. The question of what is the *normal refraction* of the human eye is still an open one, and further material on the subject and closer study of the data in hand will be necessary before drawing conclusions as to it. Much light will be thrown upon the question by studies like Risley's of the relations of normal vision, intraocular health, and functional comfort, to the refraction. For the present the conclusion of this author, whose work stands almost alone, may be accepted. "The emmetropic is the model or standard eye—since emmetropia is shown not only to remain nearly constant in percentage throughout the school-life, but that it is also the condition of health, and withal enjoys the highest acuity of vision and the greatest freedom from pain. Yet hypermetropia is the prevailing—almost the exclusive—condition of the refraction among most animals, among children, among uncivilized people, and among all eyes uninjured by the educational process.

Radical Cure of Hernia—Mr. James Hardie contributes a short paper on this subject to the June number of the *Medical Chronicle*. Having found that in several cases a few months after the ligature had been applied to the neck of the sac, the hernia re-appeared, he determined to try and make the cicatrix at this point more resistant. With this object he applied the ligature not only round the sac, but around the transversalis fascia as well; as a result of this a much more abundant inflammatory exudation is thrown out, and the cicatrix is therefore much more dense. He is strongly opposed to the stripping off the sac unless this should happen to lie quite loosely in the scrotum, as he finds that its obliteration follows upon the operation as a matter of course. He recognizes that his operation involves more risk than that in which the peritoneum alone is ligatured, a considerable inflammatory œdema of the coverings of the cords and the scrotum being occasioned which may persist for some time, but such disadvantages are more than counterbalanced by the superior result which is ultimately obtained by his method. In the same number of the same journal Mr. Southam recommends the utilising of the omentum to effect a radical cure in femoral hernia. After dividing the stricture in the ordinary way and reducing the bowel, he dissects up as far as the neck of the sac; the neck of the sac and the pedicle of omentum are then transfixed together as high up as possible by a needle armed with a strong double catgut ligature and tied in two halves. The excluded portion of the sac and omentum are then cut off and the wound dressed, a drainage tube being laid across it. The advantages that he claims for his operation are that the canal is plugged with a mass of omentum, and that a certain amount of inflammatory exudation must occur between the neck of the sac and the pedicle of omentum which cannot but help to strengthen the barrier against any future descent of the rupture.—*Med. Times and Gazette.*

Cocaine in Opening Buboes.—The following case is reported in the *Medical Age*, May 25:

"G. L., æt. 35, had a syphilitic bubo, leaving extensive sinuses, which ran in different directions down the thigh. Time gave no indication of their closing, and I concluded to open them. The party did not bear chloroform, and it was decided to give cocaine a trial. A four per cent. solution was injected into the fistulous canals and held there about five minutes. The effect was elegant. Where pain was excessive from exploring with a slender probe before using the cocaine, after using I passed a grooved director without sensation, and the knife caused the smallest possible amount of pain—"less than a pin scratch," to use the words of my patient. I opened up between eleven and twelve inches of fistulous canals."

Extirpation of the Lung.—Dr. Domenico Biondi, of Naples, some time since proved that animals recovered after removal, by operation, of one entire lung. In a more recent communication, published in the *Wiener Medizinische Jahrbücher*, the same physician shows that animals may survive the removal of portions of lung artificially infected with tubercle. After injecting, by Ehrlich's method, masses of bacillus tuberculosis into the parenchyma of the lung, so that the clinical and anatomical symptoms of tubercle were produced, he removed, at the end of a few weeks, the diseased lungs; and in all cases recovery was complete. Whether pulmonary tubercle in man, not artificially produced, could be precisely diagnosed and localized to one lung, and then treated in the same manner, and whether total removal of the organ or excision of a diseased lobe would be, in such a case, the less perilous operation, are questions which can hardly be decided by the physicians and surgeons of to-day; yet, bearing in mind the surgical procedures, performed with success in this country, that were once considered impossible, and then unjustifiable, it is hardly unreasonable to believe that excision of the lung is an operation of the distant, if not of the immediate future.—*Brit. Med. Journ.*

Tannate of Mercury. Its Use in the Treatment of Syphilis.—Dr. G. H. Tilden, at a recent meeting of the Boston Society for Medical Improvement (*Bost. Med. and Surg. Journ.*) showed a specimen of the tannate of mercury which has recently been employed in the treatment of syphilis, having been first used for this purpose by Lustgarten. The drug consists of a coarse granular powder, of a greenish color, inert and tasteless. It is unaffected by acid solutions, but is decomposed by dilute solutions of the alkalies, the action of which causes the formation of mercury in a very finely divided state, a fact which can be verified by the microscope. The theory of its action is that it passes through the stomach, when the secretions are acid, unchanged until it reaches the intestine, when the normally alkaline secretions cause its decomposition and the metallic mercury, which is set free, is absorbed. The reports of its efficacy in the treatment of syphilis are very favorable, and its use is apparently attended with uncommon freedom from any of the ordinary bad effects due to the administration of mercury, such as salivation and gastric or intestinal irritation. The dose is about a grain, and it should not be combined with alkalies or the iodide of potash, the former causing its premature decomposition, while the latter combines with it to produce the iodide of mercury, a much more irritating and powerful preparation than the tannate.

Creasote Water as a Local Anæsthetic.—The officinal aqua creasoti, or creasote water, is so important as a preparation for one special use that it is well to notice it in order to emphasize that special use. It is a simple one per cent. solution of wood creasote in water, and, like similar solutions of carbolic acid and of cresol, it is a most effective local anæsthetic and topical dressing to burns and scalds. It is no better than the solutions of carbolic acid, or of coal-tar creasote, for this purpose, but it is quite as good, so that whichever is most accessible or most convenient may be used This creasote water, as made by the above formula, or diluted with an equal volume of water, or with more water for delicate surfaces in women and children, and applied by means of a single thickness of thin muslin, or worn-out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it, will relieve the pain of burns and scalds in five to ten minutes, and will maintain the relief as long as the applications are properly renewed, or until the painful stage is over. It is also very effective as a local auæsthetic for general use in all painful conditions which affect the surface only, such as the pain of erysipelas. The benumbing effect of these phenols upon the skin is promptly reached, and can be carried to almost every degree that is desirable, by simple management of the strength of the solutions and the mode of application. They are true anæsthetics to the skin, which the much-lauded cocaine is not. This statement has been published so often during the past twenty years, and the treatment has been so effective in so many hands, that is wonderful to notice how the common practice is still to use the old and comparatively useless hot dressings, such as carron oil, white lead ground in oil, flour, liniments, etc., or the newer application of solultion of bicarbonate of sodium.—Dr. E. R. Squibb in *Ephemeris.*

The Difficulties of Becoming a Successful Physician.—The press of competition is so fierce in the present overcrowded state of the medical profession, that unless a man has some peculiar and decided advantage over the general run of his fellows, he stands no chance of coming to the front. Something more is necessary nowadays for success in the higher walks of medicine than mere general ability. Supreme talent will, of course, ultimately find its level, unless kept down by accident or misfortune; but for the average clever man there is little prospect of brilliant success unless he has (or can persuade the world he has) the power of doing some particular thing better than anyone else, or at any rate pre-eminently well.—*Dr. Morell Mackenzie, in the Fortnightly Review.*

Platt's Chlorides.—Having had occasion to use a disinfectant for various domestic purposes, the one having the name at the head of this article, has been found well-adapted for general family use. It is a safe and harmless fluid, which gives forth no unpleasant odors about the cellar, closets or places in which it is used; whilst, at the same time, it immediately corrects foul odors and purifies the apartments in which it is used. Being in liquid form, it can be used for almost every purpose in which a disinfectant is called for. It will be found exceedingly valuable for all household purposes, since it is handy, inexpensive and an exceedingly powerful purifying agent.

Novel Operations.—The *Brit. Med. Journ.* says: We reported some time since a new operation of subcutaneous division of the exterior tendon slips of the ring finger which had been performed successfully in America with the object and result of extending the range of movement of fingers in pianoforte playing. This proceeding has been, it will be noted, repeated recently in London by Mr. Noble Smith, and with results which he records as satisfactory. Dr. Wallace, of Liverpool, performed, on Thursday of last week, June 25, abdominal section, and resected the urinary bladder in a female patient suffering from cancer of the fundus. On the seventh day, the patient was reported as practically convalescent from the operation. Leaving out of question cases where this procedure has become necessary through injury or complication occurring in the course of operations undertaken with other objects, this is, so far as we are aware, the first occasion on which the operation has been carried out as a deliberately designed and carefully executed proceeding.

Dr. R. O. Baker, of the Sandwich Islands expels his tape-worm entire by giving a mixture of chloroform ℥i, honey ℥i, a teaspoonful every two hours, without fasting, following the whole by a rousing cathartic.—*N. Y. Med. Times.*

Laparotomy with Suture of the Intestines was recently performed at the Providence Hospital, Washington, D. C., by Dr. John B. Hamilton. The patient, a young mulatto, was shot in the abdomen three weeks ago. The wound was inflicted by a pistol carrying a ·31 calibre ball. The missile severed a small artery in the mesentery, and made eleven wounds in the small intestines and two in the ascending colon, and remained in the bowel. The operation was performed three hours after the accident. The artery was tied and the wounds were stitched with Lembert's suture. Fæces were passed by the natural channel on the seventh day, and on the twentieth day the patient was allowed to sit up, the abdominal wound having healed. The ball was passed with the fæces on twelfth day.—*N. Y. Med. Journ.*

Cough Mixtures for Children.—The following formulas are reprinted by the *Druggists' Circular*, from the hospital formulary of the Department of Public Charities and Correction, of Mew York City:

Cough Mixture for Infants.

℞. Tinct. opii camph., Spts. ammon. arom., āā f ℥ j.
Ext. ipecac., fl., f ℥ ss.
Syr. pruni virgin., f ℥ j.
Aquæ, q. s. ad f ℥ iij. M.
Dose, a teaspoonful.

Mistura Ammonii Carbonatis.

℞. Ammonii carbonat., ℥ ss.
Syr. senegæ, f ℥ iv.
Syr. ipecac., f ℥ ij,
Syr. tolu, f ℥ iv.
Ext. glycyrrhizæ, ℥ ss.
Aquæ cinnamoni, q. s. ad f ℥ iv. M.
Dose, a teaspoonful for children.

Mistura Ammonii Chloridi.

℞. Ammonii chloridi, ℥ ss.
Potassii chlorat., gr. xl.
Syr. senegæ, f ℥ iv.
Syr. ipecac., f ℥ iij.
Syr. tolu, f ℥ iv.
Ext. glycyrrhizæ, ℥ j.
Aqu cinnamomi, q. s. ad f ℥ iv. M.
Dose, a teaspoonful for children
—*Coll. and Clin. Record.*

Medical Items.

The Medical News will publish at an early day a complete list of the new organization of the Congress, showing who have declined to accept office under the new Committee. Thus far upwards of one hundred and twenty of the most eminent of the appointees have resigned.

The Committee on organization of the Congress appointed by the New Orleans meeting, will meet in special session for the transaction of urgent business, at New York, on September 3d.

Dr. L. M. Bingham, of Burlington, Vt., has been appointed Professor of Surgery in the University of Vermont to fill the Chair made vacant by the death of Dr. Jas. L. Little.

The Lehigh Valley Medical Association will hold its fifth annual meeting at Quakertown, Pa., on the 17th of August.

We learn from the *Brit. Med. Journ.* that the Council of the British Medical Association have had under their consideration the subject of admission and retention of homœopaths as members of the Association during the past year. The result of an inquiry made throughout the thirty-three branches gives evidence to the effect that a large majority of the members are adverse to the admission of homœopaths as members, but an equally large proportion are opposed to the idea of the expulsion of these members who have already gained admission into the ranks of the Association.

It is stated that Professor Gerhardt, of Wurzburg, will succeed to the Chair of Clinical Medicine at the University of Berlin, made vacant by the death of Professor Frerichs.

The Dentists of Berlin, Germany, have organized a society. Its main object is to suppress quackery in all that relates to dentistry. A similar society should be organized in Baltimore.

Professor Merkel, of Königsberg, will succeed the late Professor Henle at Göttingen.

The *Brit. Med. Journ.* says: It is stated that the professorship at South Kensington, vacant by Professor Huxley's retirement, will not be filled up, and that, instead of it, two lectureships of £300 a year each will be created.

Cholera is on the increase in Spain, the daily mortality being not less than 1500. It has made its appearance in the South of France and is spreading in various directions. A few cases are reported to have occurred in Paris.

The State Board of Medical Examiners of Virginia is called to meet at the Alleghany Springs (Virginia) on Wednesday, September 16, 1885, at 10 o'clock A. M., for the examination of candidates for the practice of medicine in that State, and for the transaction of such other business as may be brought before it.

The *Phila. Med. Times*, in its issue of Aug. 8th, announces that *The Medical Chronicle*, a successful monthly medical journal, edited by Dr. Geo. H. Rohé, in this city, has, with the present issue of the *Times*, become consolidated with that journal. Dr. Rohé will hereafter be associated in the editorial management of the *Times*, and will pay attention to Baltimore and Washington medical matters. In token of its increased scope and non-sectional character, the word "Philadelphia" will be dropped from the present title of the *Times*. We wish this new venture success, and bespeak for it high professional favor.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department U. S. Army, from Aug 4, 1885, to Aug. 10, 1885,

Surgeon J. M. Brown, Assistant Surgeons Clarence Ewen, A. W. Taylor, ordered to rejoin their proper stations in Department of Platte.

Assistant Surgeons G. L. Edis and C. S. Black, ordered to rejoin their proper stations in Department of Texas.

First Lieutenant Wm. D. Dietz, Assistant Surgeon. Ordered from Fort Seldon to Fort Stanton, New Mexico.

Original Article.

SOME CLINICAL OBSERVATIONS ON TUBERCULAR CONSUMPTION.*

BY B. M. CROMWELL, M. D., ECKHART MINES, MARYLAND.

Mr. President and Gentlemen:

It is not my purpose to occupy much time with such considerations of tubercular consumption as are readily met with in systematic treatises on the subject, but to refer rather to some of the clinical aspects of the disease that frequently present themselves to the general practitioner for consideration and study.

The intimate study of the etiology and pathology of this and other kindred diseases, must fall to the domain of the laboratory student and to those who have access to the dead-houses of large hospitals. To us who meet the disease only in private practice, and then only at varying intervals, is given the privilege of reaping the fruits of the labor of our more fortunate brethren, whose opportunities are more extended than ours, and eliminating that which is only tentative and speculative, to apply the residuum for the benefit of those to whom we minister. To illustrate the uncertainty that still envelops this whole subject, and the little that is really known of the disease that is of practical value to the general practitioner, I will quote what so high an authority as Professor Loomis says in a recent address: "There has never been a period when there was so much uncertainty in the minds of the profession in regard to the etiology and morbid anatomy of phthisis as at the present. For one class of observers pulmonary phthisis is an inflammation of the pulmonary substance which may or may not be complicated with tubercle. Another class maintain that tubercle is the primary and essential lesion of all phthisis. Still more recently certain investigators maintain that there is a specific material which may or may not be accompanied by the histological elements of tubercle, but which always has a specific form of bacillus as the sole exciting cause of its development."

Since the discovery by Dr. Koch of his comma bacillus, this organism has been so universally found associated with tubercle, while it is always absent in other affections of the lungs and air-passages, that there seems to be almost perfect unanimity on the part of the profession in assigning it as the proximate and invariable cause of the disease. Yet Dr. Pollock, of London, cautions us that even this conclusion is *sub judice.* This view, however, of the causation of phthisis, is sustained by so many clinical facts, and is so consonant with what we daily observe in our intercourse with phthisical patients, that for the purposes of this paper I will consider it as fully established.

Koch's theory, then, settles the etio logical difficulty in considering phthisis, and places it unconditionally in the class of zymotic diseases. This will prove correspondingly beneficial inasmuch as it will direct attention more to the agencies that favor the development of the specific poison, as well as to those that are destructive to it, rather than to the therapeutics of the disease after it has become established.

The idea being received that phthisis is a parasitic disease; that the patient is being consumed by myriads of microscopic organisms that are making for themselves habitations of, and are preying upon his lungs and other vital organs, suggests at once the endeavor to find some germicide that will be destructive of these organisms, and by releasing the patient from his enemies free him from his disease; some antidote to the comma bacillus as quinine is to the malarial microbe, if there is a malarial microbe. I am not aware that any systematic effort has been made to get rid of these bacilli by internal medication, but antiseptic inhalations of various kinds are being daily used for their local effect upon the air-passages and lungs, but without beneficial results so far as I can ascertain. It is certainly premature to say that all such efforts at neutralizing the poison of phthisis must fail, for

*Read before the Allegany County, Maryland, Medical Society, August 5th, 1885. Published by request of the Society.

bacteriology is yet in its infancy, and the possibilities of the future are not to be predicted upon our present experience. At present, however, and until we know more, it does not look reasonable to suppose that a poison that permeates the whole system can be neutralized by any local application of whatsoever kind. The poison in immediate contact with the antiseptic may be neutralized, but its removal even at the point of contact is very soon effected from sources out of the reach of the antiseptic. Any antidote to be effective must be taken into the system, and act on the poisoning organisms through the general circulation. As I have said, no such antidote has been suggested.

There is this fact concerning all parasites that I will call your attention to. They live and thrive only at the expense of other organisms, and they assail only those that are in a condition of degeneracy. Healthy organisms seem to possess the power by reason of their abundant vitality of throwing off these agents of destruction and death; and this is true not only of human beings but of the lower orders of animal and vegetable life as well. Many parasites are visible to the unaided vision, and their beneficial influence on the economy, as well as the fact that only weak and enfeebled organisms are subject to their ravages, is obvious enough, but it requires the trained use of the imagination to be convinced that the great class of microorganisms that are only visible by the aid of the most powerful microscopes, are really the great destructive agents of nature. It would seem that in nature's economy this is the work assigned these "penetrating agents of decay," that they are the speedy destroyers of enfeebled and degenerate life. It is through them in connection with other agencies that is worked out the great law of the "survival of the fittest." That the race may improve, the feeble must succumb, that the strong alone may inherit the earth.

For the accuracy of this view of the agency of parasites in hastening death, I appeal to the experience of any physician of intelligence, and to the observation of any close observer of what he sees around him. You all know how difficult, if not impossible, it is to keep the wards of a consumptive hospital free from vermin. You know, also, that prurigo, favus and such allied diseases of the skin, attack only those that are broken in health, and that as a necessary part of the treatment of such cases, the best restoratives and tonics at our command, are required. You are familiar with the saying, "The luck of a lousy calf," and you know why the calf is lousy. You also know that the orchardist's trees are attacked by the bark and scale louse when, by reason of want of attention or proper nourishment, they decline in vitality; you know, also, that no effort to rid the trees of these parasites will be availing, until these conditions, care and nourishment are provided.

If these observations are correct, and it is true that Koch's bacillus is a necessary integer in the causation of consumption, it would seem to follow as necessary deductions, first, that as long as the organism was in vigorous health there is no material danger to be apprehended, even if the bacilli are taken into the system; and, secondly, that the introduction of the bacilli is a condition precedent to the development of the disease. And this, to my mind, disposes of the question of heredity in this and other allied diseases. I do not believe that any disease is hereditary in the sense that the germ or proximate cause of the disease is born with the individual, and remaining dormant for an indeterminate time, becomes at length active and progressive under the influence of a proper stimulus. But certain susceptibilities to given diseases, and insusceptibilities to others, are hereditary, by reason of which, of two persons equally exposed to a given septic influence, one will succumb while the other will escape. This is best illustrated by the difference in susceptibility of persons to the toxic influence of poison oak. With some the slighest touch of the plant is sufficient to develop all the phenomena of poisoning, while others can handle the plant with perfect impunity.

The discovery of Koch's bacillus disposes also of the question of the conta-

giousness of phthisis—if any serious discrepancy of opinion exists on that subject. A consumptive husband or wife can impart the disease the one to the other, and the expectoration and bodily emanations from a single consumptive patient can so contaminate a dwelling as to make it a source of infection to others after the removal of the patient, if the most effective measures are not resorted to for its disinfection.

All of these facts accord with our daily observation. We know, because we see it exemplified daily around us, that persons in vigorous health and of prudent habits can expose themselves with impunity to sources of infection that would surely overcome the weak and debilitated. We also know that persons whose susceptibility to the disease is undoubted, by reason of inherited tendencies derived from one or both parents, and who have the disease in its first stages, may recover perfectly when brought under proper sanitary influences. These influences are such as carry the patient away from sources of infection, and which build up and re-invigorate his declining vital energies. There is no condition, in my judgment, more conducive to the development of phthisis than our modern dwellings with all their appliances of comfort and luxury. In large centres of population especially, where space is valuable and must be economised, and in cold and rigorous climates where it is important to economise all the heat possible, it is usual to have the kitchen in the basement of the dwelling or in the body of it. The effect of this arrangement is, that all the emanations from the cooking-stove are conveyed to all parts of the house; and, as in winter every precaution is taken to exclude the air from without because it lets in cold, even to chinking the cracks between the sashes and double listing the windows and doors, it is readily seen that the occupants of such a house must breathe an air contaminated not only with the emanations from the kitchen, but also with those from their own bodies; an excrementitious atmosphere, foul and pestilential beyond comparison! A consumptive patient, an inmate in such a house, would as surely infect it with the specific poison of phthisis, as would a small-pox or diphtheria patient with the specific poisons of these diseases. Should future investigation and riper experience prove (which seems very probable they will do) that a material difference between the specific poison of phthisis and of such diseases as are named above, is that the former is more durable and can retain its vitality for a longer time in a state of quiescence, we will see that the method of dealing with phthisis does not differ from the methods employed to rid a community of other zymotic diseases. These methods are well-known to be, a rigid separation of the sick from the well, thorough disinfection and a careful disposal of all bodily waste by which the specific poison may be conveyed to others. I believe that the great consumption sanitariums, and the immense hotels built at the places of resort for the accomodation of this class of patients, who every winter flock to them by thousands, will prove delusive. They will in time become sources of infection from which hitherto healthy persons will carry away with them the beginnings of consumption. I believe that no climate is intrinsically curative of consumption, even where the air is optically pure, except in so far as it enables the patient to be constantly out of doors, thus aiding him to recover the equilibrium of his general health, and to throw off the parasite that is thriving at his expense. I believe the greater the number of appliances for comfort, and what are called "modern conveniences" that are provided for this class of patients, the less will be the benefit to them of a mild and salubrious climate. What they require is well-ordered and judicious "roughing it," living during the day in the open air, and at night in tents, shanties or cottages, but never in hotels—especially hotels with "all the modern conveniences."

There are several other points connected with this clinical study that I would like to bring to your attention.

It would be interesting, I think, and perhaps profitable, if I were to contrast the difference that exists in the manner

of living and of being housed, between the people of New England, where the mortality from this disease is greatest, and the people of the Southern States, where the disease is but little known. It would also be interesting to consider the rapid development of phthisis amongst the negroes of the South since their emancipation, and to trace in their changed conditions and relations the cause therefor. But I have already extended this paper beyond the limits I had in view when I began it.

Clinical Note.

BUTTERMILK TO ALLAY VOMITING.

Dr. J. H. Owings, of Deer Lodge, Montana, sends the following:

"Having seen several cases reported where *buttermilk* was used to ally vomiting with good success, I desire to say a word in its favor. It is not a new remedy with me. I have used it for ten or twelve years with the best results. Have used it probably fifty times without a failure. Have used it when everything else failed, even tr. iodine, and I know of nothing that gives such satisfactory results in irritable stomach as fresh buttermilk—especially in cases of severe vomiting after a prolonged debauch."

Selected Article.

THE CAUSES AND PREVENTION OF INSANITY.*

An Address Delivered at the Opening of the Section of Psychology, at the Annual Meeting of the British Medical Association, held in Cardiff, July, 1885.

BY D. YELLOWLEES, M. D.,

Physician-Superintendent of the Glasgow Royal Asylum; and Lecturer on Insanity in the University of Glasgow.

My first duty is to acknowledge the great honor done me by the Council of the Association in inviting me to preside over this Section, an honor which I very highly appreciate, and which is doubly welcome because our meeting is held in the county whose asylum I organized and opened 20 years ago, and in whose service I spent 11 of the best years of my life.

At our last meeting, at Belfast, the subject of the presidential address was the relation of our specialty to the other branches of medicine. To-day, I invite your attention to our relation and duty to the public as regards the causation and prevention of insanity. This is a practical rather than a pathological aspect of our subject, but its extreme importance must atone for the want of purely scientific interest.

During the dark period when insanity was at once the reproach of medicine and the horror of the public, the mere suggestion that the nervous system required wise and watchful care was resented as an insult, because it seemed to impute a liability to mental disorder. Now that insanity is no longer deemed either a crime or a disgrace, there is some hope that the counsels and warnings of the physician may receive greater attention.

The causes and prevention of insanity may well be considered together, for prevention can be intelligent and effective only in proportion as the causes are accurately ascertained and wisely avoided.

The causes of mental disorder group themselves at once into two categories; those arising from conditions in the life-history of the individual, and those entailed upon him by ancestral inheritance. It is too true that both kinds of causes often co-exist, and that the immediate or personal cause is potent only because it has awakened and developed inherited weakness. Still, there are causes so directly personal to the individual that they must be regarded as sole and sufficient, irrespectively of inheritance. The chief causes of this class are brain-injury. brain-exhaustion, brain-anæmia, brain-irritation due to disease in other organs, and organic changes in the brain itself. From such causes, any brain may suffer, and they may induce insanity in persons wholly free from hereditary neuroses.

Brain-injury is a cause often assigned by friends, without sufficient grounds, as

* From the *British Medical Journal.*

the history of a blow or fall seems to them to remove all suspicion of hereditariness.

Undoubtedly, mental peculiarities, or an entire change of character, sometimes follow a blow which has left no outward sign; and it is equally certain that the commencement of organic disease, or of the chronic changes of general paralysis, may date from such an injury.

The mischief produced may be out of all proportion to the apparent severity of the blow,and therefore such injury should never be lightly regarded. On the other hand, it is a mere shot in the dark to assign as the cause of insanity a head-injury sustained some years previously, if it have meanwhile given rise to neither local irritation nor general symptoms. Distance magnifies the gravity of the injury, and friends unconsciously mislead the physician and themselves in their desire to demonstrate the accidental origin of the disorder.

Brain-exhaustion may follow from continued overwork or incessant worry, if the brain have been denied due rest and sleep. The student, the politician, and the merchant, may alike be victims of brain exhaustion, in their undue pursuit of knowledge, influence, or wealth.

This is too high a price to pay for anything on earth. Besides, such overwork often defeats its end, for the work of a wearied brain is never the best work of which it is capable. Our powers will bear spurring for a time; but there is a limit, beyond which the effort is fatally exhausting, while the result is woefully inadequate.

The amount of overwork habitually done, nowadays, in all departments of life, by the best and ablest workers, is appalling, and, they pitifully declare, inevitable. They do not seek this overwork for selfish or personal ends, but the work seeks them, and being set to them it must be done. It is done, often nobly done, but the cost is terrible. There is no time for healthful exercise or restful leisure; the happiness of the home-circle, the pleasures of friendship, the delights of nature, literature, and art, can be enjoyed only by snatches; life is an incessant rush to overtake the engagement of the passing minute; the day is too short for its duties, and the night must sacrifice largely of its sleeping hours. The very holiday, if holiday be taken at all, is often accomplished in like fashion, and a hurried rush to the continent is vainly called rest. This feverish haste has been intensified by the greater rapidity of communication in recent years, and it implies a degree of nervous strain unknown to former generations. Reason and life are often sacrificed in the rush of our high pressure civilization; and the influence of this civilization, with its terrible extremes of reckless luxury and woeful want, on the national brain and the national character, is a momentous question. Assuredly it is our province and duty to proclaim that such flagrant violation of the laws of brain-health cannot be perpetrated with impunity, but must entail direful results.

Far commoner than exhaustion from overwork, and far more potent as a cause of insanity, is the irritation and exhaustion produced by excesses in the two most frequent forms of alcoholic and sexual dissipation. The ruin of brain wrought by intemperance, whether in its sudden and fiercer forms or in the chronic delusional conditions to which they tend, is too familiar. Too familiar, also, is the drink-crave, to gratify which, even for a moment, love and honor and truth and duty are all forgotten. This malady, which some would vainly persuade us is but vulgar vice, is often an inherited neurosis, and then belongs to the second category of causes; but often, too, it is the outcome of habitual indulgence, and thus ranks as a personal cause.

A man need not be a drunkard before he can develop insanity or transmit it to his offspring. If he indulge in "nips" throughout the day, or saturate himself with beer, or cannot go to bed without his grog, he is steadily creating constitutional tendencies which will some day develop evil results; and if he crown his sinful folly by giving alcohol to his children, he is preparing for them a double curse. There is no form of foolish indulgence which calls for stronger repro-

bation than the giving of wine to children. The only folly which approaches it in its evil results is the baneful delusion that most women need alcohol at their monthly periods. Both these habits but manufacture drunkards, and demand our emphatic condemnation.

Brain-exhaustion from sexual excesses, or from self-pollution, is another fruitful cause of insanity, and it is wholly a false delicacy which hesitates to expose this degrading evil. We know too well how one prurient boy can pollute a whole school with the vice of self-abuse, though we can never know or measure the ruin he may have wrought. We are too often sadly certain that like practices exist in the sex where we expect only purity and innocence, and that they produce sorrowful results in all the protean forms of nerve-instability. We know, too, how the marriage-relationship can be degraded into an excuse for unbridled indulgence, and that such folly or ignorance may wreck the strongest brain.

Society needs plain words about these things, and we fail in our duty if we do not speak them. Especially do we need to impress on parents the duty of wisely informing their children, lest ignorance, or, still worse, knowledge wrongly sought for, prove fruitful of evil.

Brain-starvation, whether the anæmia result from malnutrition or from undue waste, may give rise to mental disturbance, which is, happily, curable by the removal of its cause.

Brain-irritation, due to disease in other organs, may produce insanity, either through nervous sympathy or through disturbance of the quality and regularity of the blood-supply. The occurrence of this secondary insanity often reveals the pre-existence of nerve-instability. Its treatment and prognosis depend largely, of course, on the disease which has occasioned it.

Lastly, among the personal causes *organic changes in the brain itself*, of whatever nature, and however produced, may develop insanity, whose symptoms, when thus arising, we can, at best, only try to mitigate.

It may seem as if a large group of personal causes had been omitted. Emotional causes, such as terror, anxiety, and disappointment, seem at first to be purely personal, and therefore to belong to this category. Doubtless, this view is sometimes correct; but, in the majority of cases, these extreme emotions are essentially manifestations of an inherited nervous temperament, without which the insanity would never have occurred. The joys and sorrows of humanity are too familiar and inevitable to develop insanity, except in brains predisposed to it.

An inherited predisposition to insanity is assuredly the most potent of all the causes which produce it. Every attack of insanity, however produced, certainly creates a liability to its return; and this acquired tendency is at least as grave a fact in the history of the individual as a predisposition inherited from his ancestors. How this predisposition, whether inherited or acquired, can be managed and modified, is the question now before us; and we could scarcely have under consideration a more important or a more practical subject.

First, and chiefly, we can certainly declare this predisposition is not a mysterious and fateful doom, haunting and dogging its victim, and sure one day to overtake and overwhelm him. It is a purely physical condition, and loses half its horrors when this is realized. We cannot, it is true, fully understand the pathology of nerve-instability; but we know that insanity is only one of its many manifestations, and that it may equally reveal itself in paralysis, epilepsy, and neuralgia, in asthma, diabetes, and hysteria, and also, beyond doubt, in certain types of drunkenness, of crime, and of genius.

The subject of this predisposition should not pretend to ignore it, as though it were a nameless horror or a secret disgrace. The fancied disgrace is a wretched relic of the time when an insane man was deemed something lower than a brute, and was treated accordingly. The civil and social consequences of insanity are doubtless grave, but it no more implies disgrace than any other physical illness. We are all handicapped, in some way or other, for the race of

life, and much of our success depends on recognizing this from the first and running accordingly.

Supposing the heir to such an inheritance frankly recognizes the fact, how shall we counsel him to avert the malady, and how should his life be ordered so as to prevent its development and transmission? It need scarcely be premised that no organ can be in vigorous health unless this be the condition of the organism. It is an axiom in all special treatment, that the general health must be maintained at the highest possible standard.

The first condition of brain-health, as it is the first condition of the health of every organ, is due and suitable exercise. If the brain-work be unduly prolonged or unduly severe, injury must follow. Therefore our imagined patient must not pore unremittingly over the merchant's ledger, nor burn the midnight oil in exploring the arcana of science, and we must absolutely debar him from the rivalries of politics and the excitement of the Stock Exchange. Unwonted responsibility, or undue worry, tax him injuriously, and he should work within accustomed limits, and along familiar grooves which habit has made smooth. His ambition must be controlled by prudence, he should be a servant rather than a master, and he should choose the calm and even tenor of a country life, rather than mix in the rush and excitement of a great city.

Relaxation, the exercise to which inclination rather than duty prompts, is essential to him even if he be so fortunate as to find his daily work a daily pleasure. The relaxation should be something unlike his regular work. If possible, it should be in the open air, and should occupy both body and mind. He may, with advantage, become so addicted to it that his friends will smilingly call it his hobby, and he will be wise if he chooses as the hobby—though, indeed, hobbies are rather adopted by instinct than selected by deliberate choice—something independent of the changing seasons, and will not fail him in feeble health or declining years. The relaxation should include, in most cases, frequent short absences from the familiar surroundings and duties of home. An entire change, bringing new scenes, new faces, and perhaps a new language, has a wonderfully renovating power. It makes home more welcome, and familiar duties less irksome if we leave them for a time.

Exercise, whether for duty or for pleasure, implies and procures rest; and for the subject of nerve-instability, sufficient and complete rest is indispensable. His rest should not be mere languid laziness, but genuine nerve-repose in sleep. If he can dine early, and sleep for an hour thereafter, he will do most wisely; and his head should be on the nightly pillow at least an hour before midnight. In the evening hours, he should avoid subjects likely to engross or agitate, that sleep be not hindered; or he should change the current of his thoughts before retiring, by such distraction as a book or a newspaper affords. I knew an eminent asylum physician who habitually took the *Times* to bed, and found a soporific in its columns.

Some men are said to have possessed the invaluable faculty of sleeping at will amid any circumstances and surroundings. The man who could discover this secret, and confer the gift on his fellows, would be one of the greatest benefactors of his race. To seek sleep by the use of hypnotic drugs is rarely wise. It is often but combating the symptoms while the cause continues, and is frequently both futile and injurious.

But exercise, relaxation, and rest, while essential to brain-health, are not everything. Our emotions and affections are the mightiest factors in our lives, and they afford a vast field for the manifestations of nerve-instability. It is in the regulation of our moral nature, and in controlling our fancies, impulses, and passions, by reason and duty, that the hardest battle must be fought.

From whom are the ranks of the insane mainly recruited? Certainly from the men and women whose minds and hearts are untrained and ill-balanced, who are swayed by caprice or passion, who are fretful at every difficulty and envious of their neighbors' good, who

are incapable of sustained effort or daily self-denial, and whose lives are thus ill-regulated, changeable and useless. The access of insanity is often but the ultimate and utter wreck of a vessel without a helm, which has already been many a time damaged by storms of passion on the quicksands of indulgence.

Daily self-control, and wise moderation in all things, should characterize everyone; but they are especially required in one predisposed to insanity, and they must be earnestly cultivated by him till they acquire the blessed ease of habit, and are practised without an effort. An education which has failed to educe or impart these qualities has truly failed, and a life which has failed to teach them has been essentially a life of failure. "Greater is he that ruleth his spirit than he that taketh a city." Too often such qualities and lives are inherited, but too they are created or aggravated by faulty education and foolish training. To correct the evil, and to forster the good, nothing is so potent as wise training in early years; but it is impossible to speak of education in relation to brain-health without indignation and sorrow; the evils are so great, the remedy so difficult.

It seems impossible, in any national system of education, to do otherwise than have certain standards of knowledge for certain ages of pupils; yet it is utterly unphysiological to assume that all brains are alike and can acquire with equal ease; and unless the rigidity of the system be modified by the wise discretion of the teacher, great hardship and injury must be inflicted. It is, however, among the better classes that the evils of faulty upbringing are most noticeable and mischievous. The boys get early into harness of some sort for the work of life, and find their lessons, and their level, in the rough school of experience; but the girls want this corrective, and it is the future wives and mothers who are chiefly injured. All sorts of knowledge are indiscriminately stuffed into the head, irrespectively of selection, assimilation, or enjoyment; the accomplishments which society is supposed to demand are added regardless of aptitude or inclination; what is showy and ornamental is encouraged, what is sensible and useful is forgotten; and when the young lady is "finished," her character is too often allowed to *form itself* amid a round of frivolous occupations and yet more frivolous amusements. Marriage finds her sadly wanting alike as a companion to her husband, as the head of a household, or as the mother of children; and when, happily for the husband, she misses a dignity for which she is unfit, her wretched training makes her a soured, fretful, resourceless, disappointed being. While we rejoice in the multitude of homes where it is otherwise, we all know that in many cases this sad impeachment is too well founded.

Right feeling and conduct towards others are as needful as due control over our own impulses and desires, if life is to be sane and happy. No man liveth to himself; he could not, if he would; he would be a miserable wretch if he tried. It is needful, therefore, that our patient should have interests beyond himself, and should not live for merely personal ends. Such ends must by-and-by seem meagre to us all, and he of all men needs to lighten his daily life by the feeling that it blesses others as well as himself.

The question of marriage is a grave one in these cases. It is a welcome sign of growing intelligence in such matters, that this question is being put to us with increasing frequency. If the predisposition be but slight, and of remote origin, it seems hard to forbid marriage; but we can urge that the partner selected should be of calm and well-balanced mind, and free from all nerve-proclivities. Unfortunately, excitable, unstable folk have an attraction for each other as remarkable as it is unwise. If the tendency be marked, the prohibition should be absolute. It is far better to endure isolation, and to miss the comfort and solace of married life, than to bring sorrow on others, and unknown ills upon offspring. To choose a partner beyond the age of child-bearing is one way but of the difficulty; but choice in these things is guided by feeling rather than by judgment, and love is so blind and persistent, that our wisest counsels are often disregarded.

The chiefest safeguard comes last, for I should be guilty of a fatal omission,

and false to my deepest convictions, if I did not regard as the chiefest, faith in the unseen God. The relation of religion to insanity is often misunderstood. When the gloom of a melancholic takes a religious type, what is but a symptom is often regarded as the cause; the case is called religious insanity, and religion is supposed to have produced the disorder. It would be as accurate to regard the imaginary ailments of a hypochondriac as the cause of his condition. Cases certainly do occur in which true religious anxiety has produced insanity; and it would be strange indeed if the subject which is the greatest of all, and which stirs the mind most deeply, did not sometimes overwhelm; but too often this sad result has followed from views of religious truth so false and distorted as to be a libel upon its name. There is no security for conduct, no strength for duty, no support in sorrow to be compared to that which true religion affords. Tempests of trouble will not overwhelm the man who endures as seeing Him who is invisible.

Society Reports

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD JUNE 25, 1885.

The President, E. O. Shakespeare, M. D., in the Chair.

Dr. Wm. Osler exhibited for Dr. McLaren, of Paisley, Ontario, some specimens, which he had sent him, of

HYDATIDS PASSED WITH THE URINE,

with the following history, dated April 13, 1885. The patient, Geo. S., aged 58, an Englishman, resident of Ontario for thirty-five years, at present a farmer, but formerly a butcher for fifteen years. Always enjoyed good health until about four years ago, when he had a severe attach of nephritic colic on the right side, lasting only a short time and quickly relieved. Had no further trouble until two years afterwards, when a similar attack occurred, confining him to bed for several weeks; some days he was better, but always worse on exertion. After a period of improvement for several weeks, during which time he was able to attend to his farm duties, he felt pain and uneasiness over the right kidney followed in a day or two by pain at the point of the penis, which continued for several hours and was relieved by the passage of gelatinous-looking masses in the urine. These bodies—hydatid—he has continued to pass at intervals of from two to four weeks. The discharge is always preceded by an uncomfortable feeling of fulness in the region of the kidney and or uneasy sensations at the penis. No tumor has at any time been discovered in the neighborhood of the kidney. With the exception of these attacks of pain and distress in the urinary organs, prior to the discharge of the hydatids, he enjoys good health. He lost no weight; appetite good; bowels regular.

The specimens, which were given to me for examination by Dr. Palmer Howard, of Montreal, consisted of ten or a dozen hydatid cysts, ranging in size from a pea to a grape, and contained in a small quantity of urine. They were evidently the daughter-cysts of a larger one which was in communication with the urinary passages. Several of the cysts contained smaller ones (granddaughter-cysts). On examination of a drop of the urine in which they were, numerous hydatids and the characteristic hooklets could be seen.

Echinococcus of the kidney or urinary passages is very uncommon. Statistics show that the left organ is more frequently affected than the right. The points of interest in this case are: the long duration, the absence of evident tumor, and the excellent condition of the patient. Here is evidently a cyst of considerable size, possibly in the right kidney, and which bursts at times into the pelvis with the discharge of the hydatids.

In 1882 Dr. Osler had reviewed the literature of American cases of echinococcus disease, and had made inquiries of the curators of the principal museums, the result of which was the collection of

sixty-one instances of the disease (*Am. J. Med. Sciences*, 1882). In not one of these was the cyst in the kidney. Since that date six other cases have been reported by Carson (*St. Louis Courier*, 1884), cyst of liver; Schæffer (liver), *Trans.* Med. Soc. Penn., 1884; liver (liver and mesentery), *N. Y. Med. Jl.*, 1885; Helen, *New Eng. Med. Jl.*, 1883–4, cyst of liver, ruptured into intestine; Welsh, spleen, *Med. News*, 1884.

Dr. Morris Longstreth exhibited a series of six specimens of echinococci situated in various organs. Owing, however, to the notes not having been forwarded to the Recorder, no details can be given.

Dr. J. H. Musser presented the following specimens, the histories of which will be published elsewhere:

MELANOTIC SARCOMA, ACUTE SUPPURATIVE PANCREATITIS; THROMBOSIS OF PORTAL VEIN, CIRRHOSIS OF LIVER AND SYPHILITIC (?) DISEASE OF LUNG.

Dr. J. R. Mitchell presented a specimen of

CARCINOMA OF THE PERITONEUM, LIVER AND PANCREAS.

The details will be published at a future time.

Dr. C. B. Nancrede presented a specimen of

SUPPURATING HÆMATOCELE,

which he had that day removed from the person of a patient 74 years of age. It presented some points of interest, which were dwelt upon by the exhibitor.

Dr. Formad presented a specimen of

SUPPOSED TYPHOID LESIONS IN A CHILD 15 MONTHS OLD.

There was no history, as it was a coroner's case.

Richmond, Va., is looking to the improvement of her water supply by negotiating for a $100,000 water-filter.—(*The Sanitary Monitor.*)

CHICAGO GYNECOLOGICAL SOCIETY.

STATED MEETING HELD JUNE 19, 1885.

The President Dr. H. P. Merriman, in the chair.

Prof. J. H. Etheridge read

A REPORT OF CASE OF A FŒTUS ENCLOSED IN ITS SISTER'S PLACENTA. (FŒTUS COMPRESSUS. FŒTUS PAPYRACEUS), WITH EXHIBITION OF THE SPECIMEN.

On the 26th of September, 1882, Mrs. T. J. B., 22 years old, of a nervous, sanguine temperament, healthy, was delivered of a mature female child, after a normal labor of four hours duration.

During the delivery of the placenta, some abnormality was detectable, which proved to be a *fœtus papyraceus.*

THE OUTER SURFACE OF THE PLACENTA.

The outer surface of the placenta at once arrests attention. A deep furrow separates the two placentæ, which are united, on their amniotic surface, by a series of compact white bands, discoverable only by pressing through the furrow. The large placenta constitutes about two-thirds of the entire mass. The smaller placenta is thin, flat and compact, being about one-third as thick as the larger one.

The placenta of the living child is normal throughout its extent. Cotyledons are well-marked, the tufts and villi presenting normal microscopical characters. The placenta of the *fœtus compressus*, in about nine-tenths of its extent, is whitish-yellow, and very firm. The whole thickness of this portion of the placenta, excepting its amniotic surface, presents one unbroken mass of fatty degeneration. The remaining one-tenth of the placenta presents a carneous appearance, evidently a transition stage between normal placenta and complete fatty destruction. Its cotyledons are enmassed and its tufts and villi solidified and the whole is interspersed with initial fatty depositions.

THE FŒTAL SURFACE OF PLACENTA.

The two segments were wholly different at time of birth. The placenta of

the living child presented a normal appearance. The placenta of the *fœtus papyraceus* presented the appearance of a closed bladder, which, upon examination, was found to be an unruptured amnion, containing amniotic fluid and a fœtus. The development of the *fœtus compressus* corresponded to the third month. The cord of the *fœtus papyraceus* was ten cm. longer than that of its follow, and much thinner. The cord was inserted into the margin of the placenta, near the fully developed organ.

Pathology.—Among the causes producing the death of the fœtus the following may be mentioned:

1. Faulty insertion of the cord, at the margin of the placenta, adjoining its fellow. (Kieselhausen).
2. Faulty structure of the cord; thin, twisted, or deficient in the jelly of Wharton. (C. Braun).
3. Disease of the placenta.
4. Traumatism.
5. The implanting of the umbilical vessels too closely together, and arterial anastomosis.

Literature.—*Fœtus papyraceus* is of seldom occurrence. A search through the library of the Surgeon General's office at Washington resulted in finding only five references to reports of similar cases.

DISCUSSION.

Dr. Philip Adolphus thought that such cases were of more frequent occurrence than the remarks of the author of the paper would lead one to believe. In twin pregnancy, the death of one fœtus before parturition was not infrequent.

Professor W. W. Jaggard agreed with Dr. Adolphus that while such cases were rare, a more extended research into the literature of the subject would have revealed a much larger number of cases.

While it was true that American and English text-books usually merely mentioned the fact of occurrence, German, French and Italian treatises devote a chapter to the subject. The last edition of Schroeder contained an excellent *résumé* of the literature. The case, reported and exhibited by Professor Etheridge, resembled in many points the case in the Pathological Museum of the Jena Lying-in Hospital, fully described by B. S. Schultze. This specimen showed the placenta of a mature fœtus, and adjoining it a second egg, corresponding to the sixth week of pregnancy, with its own decidua and unruptured amnion.

Professor Etheridge's case was chiefly interesting, as bearing upon a subject of theoretical importance, *i. e.*, superfecundation and superfœtation.

On *a priori* grounds, it was possible that superfœtation could occur as late as the twelfth week of pregnancy—when *decidua vera* and *reflexa* became united. Up to this time it was possible that egg and spermatozoid might come in contact. Superfœtation was also possible in cases of double uteri. Up to the present time, however, no case has been recorded which does not admit of a simpler explanation.

There exists a great weight of evidence in favor of superfecundation. Mares give birth simultaneously to horse and mule foals; bitches, running during the period of rut with different breeds of dogs, throw young of different, so-called bastard forms, corresponding to the breeds of the male progenitors; the same is true of cats.

A woman may give birth to twins, one of which is white, one black.

The latter fact, however, does not necessarily demand for its explanation intercourse at or near the same time with a white and a black man, since in crossing races, the offspring may resemble either father or mother, or one child may resemble the male, the other the female progenitor.

There could be no reasonable doubt as to the accuracy of Professor Etheridge's diagnosis.

Dr. John Bartlett had seen one case of *fœtus compressus* in the Chicago Woman's Hospital, about four years ago. One fœtus was mature, the other corresponded in development to the fifth month of pregnancy.

Professor Bartlett referred to the contribution of Smellie and Mauriceau upon the subject.

Dr. Edward Warren Sawyer referred to the fact that in ectopic pregnancy no

compression of the fœtus was observed. He alluded to a case, in which he performed laparotomy three and one half years ago. The fœtus weighed eight pounds.

There could be no question about superfœtation in Professor Etheridge's case,

Fœtation, by inclusion, might be considered as explanatory of many of the monstrosities which are so commonly seen.

Professor Daniel T. Nelson thought it would be interesting to know how much force was necessary to compress the fœtus as in Professor Etheridge's specimen. He referred to the experiments of Professor Park, of the Massachusetts Agricultural College, in the determination of the expansile force of growing squashes and pumkins.

The President wished to know whether the death of the fœtus occurred before compression, or whether it resulted from that factor. The marginal insertion of the cord doubtless was an important etiological agent. When the uterus was in the pelvic cavity, compression was greater.

He referred to the fact that in twin pregnancies, it was unusual to find both children equally developed, and frequently the birth of one preceded that of the other by minutes, hours and even days.

Dr. Henry T. Byford read

A REPORT OF A CASE OF LEIO-MYOM OF THE VAGINA AND UTERUS.

The patient was a widow, about thirty-five years old. Was married ten years, without becoming pregnant.

She had no decided symptoms of disease except an occasional backache, some leucorrhœa. She was treated for uterine inflammation three years before, and no tumor was discovered. Since that time, she has menstruated every two weeks. Catamenia usually lasted five days, and were normal as to quantity.

Twelve years ago, she noticed a tumor about the size of a hickory nut just within the vagina. This swelling had since that time grown steadily, until its protrusion from the vagina, about 12th of January, 1885, caused great inconvenience. Even at that time, the pain was promptly relieved by an opiate, administered by Dr. Doering. Two or three days subsequently, the tumor became black, swollen, and emitted a gangrenous odor. Slight septicæmia followed cauterization with nitric and carbolic acids. The tumor was attached to the anterior wall of the vagina.

The tumor was subsequently crushed off, and the patient recovered. Indagation revealed a protuberance, about the size of a goose egg, upon the right anterior surface of the uterus, which was apparently a leio-myom.

The following points of interest are to be noted in connection with the case:

1. The occurrence of both tumors in the same person.
2. The slow growth of the vaginal as compared with the uterine tumor.
3. Sloughing of the capsule, immediately after protrusion from the vagina, without impairment of the vitality of the tumor, proper.
4. Entire absence of sensitiveness to strong acids.
5. The production of a pedicle by ligaturing the proximal end with a fine wire.
6. Sterility, antedating the discovery of the uterine tumor.
7. The influence of ergot upon the uterine tumor.

DISCUSSION.

Dr. Edward Warren Sawyer thought the locality of the vaginal tumor was interesting but not unusual.

Professor Daniel T. Nelson inquired whether or no fibroid tumors occurred by preference in the anterior vaginal wall.

He thought, as regards the operation, an elliptical incision around the base, and enucleation of the tumor, would have fulfilled the indications equally well.

The Society then adjourned.

Professor H. Milne-Edwards, Grand Officer of the Legion of Honor, has recently died at the age of 85 years. His scientific works are well-known throughout the civilized world.

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BALTIMORE, AUGUST 22, 1885.

Editorial.

THE ADVISABILITY OF PERFORMING DOUBLE OVARIOTOMY WHEN THE DISEASE OF BUT ONE GLAND IS BUT LITTLE DEVELOPED.—In performing the operation of ovariotomy, it happens in a certain number of cases that whilst cystic disease is so well pronounced in one ovary the other organ presents only a pathological state in its early development. When this latter condition is observed, a a question must arise in the mind of the operator whether both ovaries shall be removed at one operation or whether the one least disturbed by pathological processes shall be left for a subsequent operation. The mortality from a double ovariotomy is undoubtedly larger than were a single ovary is removed, as has been shown by the statistics of Sir Spencer Wells and Kœberle. The fact that the patient is rendered sterile by the removal of both ovaries is also a point to be considered. The many sides to these questions have been discussed and a partial settlement seems to have been reached in favor of delay in removing the second ovary unless cystic disease is so pronounced in both ovaries as to make their removal a matter of urgent necessity.

Quite recently some statistics have been offered which seem entitled to consideration. In a paper entiled "Two Ovariotomies in the Same Patient" (*Med. News*, August 1, 1885) the author, Dr. Ransohoff, of Cincinnati, discusses the question which gives the title to this article. Dr. Ransohoff disputes the statement made by Scanzoni that in fifty per cent. of cases both ovaries are affected. "In 366 operations for the removal of ovarian growths witnessed by Doran, the tumor involved both ovaries in 48, and in 20 other cases, 'suspiciously enlarged' ovaries were removed after the tumor had been cut away. Thus, in 18 per cent. of his cases both ovaries were affected. In 132 ovariotomies, Goodell found it necessary to remove both ovaries in 50 per cent. of all cases. In 293, 101, 229, and 56, and 1000 operations made respectively by Kœberle, Tait, Keith, Olshausen and Spencer Wells, double ovariotomy was necessary in 37, 27, 13, 9 and 82. While according to the experience of Wells, both ovaries must be removed in 8 per cent. of all cases; according to that of others, double ovariotomy is indicated in 16 per cent. of all cases."

Dr. Ransohoff suggests that an examination of statistics will show that different operators are far from agreed as to what constitutes sufficient disease in the second ovary to call for its removal. It is the determination of this point which makes the decision a matter of practical difficulty at the time of operation. It is here that a strong judgment and an intelligent view of the conditions observed in the case will come to the material aid of the operator. The youth and conjugal relations of the patient present questions involving the propriety of removing both ovaries at one operation. Dr. Ransohoff's suggestion, "unless the less diseased gland be the seat of quite marked multilocular cystic degeneration, it would probably be better in many cases to leave it undisturbed or to empty the cysts of their contents," is worthy of practical consideration.

He has an eminent authority in Sir Spencer Wells in advocacy of this plan. Wells practiced on a girl of 19, from whom he had removed the right ovary. "The left ovary was enlarged to nearly double the normal size. Two follicles, about the size of cherries, were distended

by clot. These I laid open, turning out their contents. It seemed hard to unsex a girl of 19, and if the disease should progress, a second ovariotomy could still be done. This operation was performed in November, 1864. After her marriage the patient gave birth to four children, and when last heard from, in 1881, she continued in good health."

In 32 cases, collected by Dr. Ransohoff, in which the operation was twice performed on the same patient, children were borne by five of these cases. The aggregate number of children born between the two operations was fourteen.

Another important factor in favor of conservatism in dealing with a slightly diseased second ovary is the small mortality attending second ovariotomies. This mortality is estimated at about 12 per cent. Wells' experience shows a mortality of 34 per cent., whereas 51 per cent. in the cases reported by Kœberle have died. Dr. Ransohoff is very pronounced in favor of removing each ovary by a separate operation when the pathological condition of the ovary will admit of its retention. He concludes that double ovariotomy should be refrained from except in women approaching the climacteric, and unless the disease in the second ovary be quite pronounced.

The Surgical Dissemination of Cancer.—The idea of the rapid dissemination of cancer by surgical manipulation is not a new one, but until recently it has not attracted marked attention. In a recent paper (*Annals of Surgery*, Aug. 1885) devoted to a study of this subject the author, Dr. A. G. Gerster, of New York city, brings forward facts based on clinical observation which offer striking testimony in support of the assumption that the rapid mechanical distribution of infective elements may have been accomplished by the manipulations involved in the performance of the operation.

The observations adduced in support of this assumption cover a number of cases, but as none of the cases possess the elements of positive proof, Dr. Gerster rests the truth of his assumption on the practical wisdom of an older generation of surgeons which has impliedly admitted its truth by advising an amputation of an extremity affected by what was then termed "cancer," in preference to a mere extirpation of notoriously malignant growths. The value of this advice is twofold: first, it more fully eliminates all foci of disease than an excision, and second, the field of operation being more or less distant from the seat of the disease, handling of the tumor and manipulative dissemination of its elements are less likely to occur than otherwise.

Dr. Gerster considers what amount of force and energy is employed in the handling of tumors by physicians, and whether this handling does not possess some or all the characters of that form of manipulation which the French denote as "massage." He says, "A careful physical examination of the tumor, especially if made by the aid of anæsthesia, will be, and notoriously is, frequently accompanied by the use of a good deal of necessary or unnecessary force. The handlings or manipulations ordinarily in use during the performance of bloody operations to be dissected out of surrounding tissues have positively the character of massage; and occasionally a very rough form of massage, too. And the employment of anæsthetics has certainly not had the effect of increasing the gentleness of operative interference. Suffice it to say that the manipulation employed on a tumor of the breast and the lymphatic glands occupying the adjacent axillary cavity, during an operation lasting one or two hours, certainly may have the dignity of a manipulative *seance*. And all of you know that a skillful massage of thirty minutes will often cause a massive extravasation of blood to disappear from the vicinity of a sprained joint, and three or four sittings may dispel the largest part of a solid infiltration of an inflammatory character from this or that part of the body. Now, just bear in mind how many formed corpuscular elements, be they cells or broken-up portions of a firm clot, must be propelled through the lymphatics and veins into the general circulation at each massage, and the idea of

the probability of the propulsion of cancerous elements of an unfixed, minute (that is, embryonic) character, and situated especially in recently involved places about the margins of a tumor, is very plausible indeed."

Dr. Gerster does not consider this mode of dissemination the rule, but he believes that in a number of malignant diseases operative treatment may hasten rather than retard death. Whilst this statement seems to contradict the results of statistical investigation, this contradiction is partial only, and is justified by the nature of statistical results in general, which are arrived at by summing together cases widely different in character, though all representing the same disease.

After presenting a statistical review of the results of operative procedures instituted for the removal of cancerous growths in contrast with results shown in cases not operated on, Dr. Gerster examines the peculiar "influence" of operative or other mechanical irritation upon a cancerous growth. He says, "Excluding chemical irritation, and considering only forms of irritation looked upon as more strictly mechanical and akin to massage, we find that this influence may be twofold. On the one hand, it may induce active hyperæmia, a better nutrition of the tumor, and hence a more rapid multiplication of existing elements *in situ*. On the other hand, and following from the first, it will increase the activity of the lymphatics, and fitly prepare them for the reception and transmission of mobile cancerous elements. Finally, the changing degrees of pressure from different sides, and its intermittent character will not fail in suitable cases to propel such cancerous elements to a shorter or longer distance; and, if the form of mechanical irritation is constant or frequent, a large area of the surrounding tissues may become injected with cancerous elements in a comparatively short time. Supposing that all this takes place during an operation, followed by unavoidable stimulation of the tissues thus infected incumbent upon the process of repair, what wonder if we see a large number of small nodules appear in and about the cicatrix left after the removal of a solitary tumor, and within a few weeks after the operation?"

"Instead of assuming a mysterious, indefinable change in the character of the new growth, it is more rational to explain a natural process by natural and well-known biological laws."

Whilst Dr. Gerster admits that a rapid and wide-spread reappearance of the disease about the sites operated on may result from pre-existing foci of cancer unwillingly left behind by the operator, yet this explanation does not cover a large number of cases. He asks the very significant questions: "What is the reason, then, of the simultaneous appearance and rapid growth of a large number of cutaneous foci shortly after the operation on a formerly slowly growing tumor? Why do these foci remain dormant, or grow imperceptibly until the time of the operation, and suddenly come forward in an unmistakable manner after the traumation of an operation?"

It would seem from the facts presented by Dr. Gerster that his explanation will answer these questions.

The practical bearings of Dr. Gerster's views are entitled to consideration. He lays down the following points: "In examining any kind of tumor, the utmost gentleness should be observed, and obscure points in the diagnosis not bearing upon the therapy should rather be left undecided till after the operation. Unnecessary handling of a suspicious tumor should be discouraged, and the patients especially warned against so-called abortive methods of treatment, as painting with irritating chemicals, and especially the several forms of compression, constant or interrupted."

"As a preparatory measure, the hyperæmia and cell-activity of a rapidly growing tumor should be reduced as much as possible by the constant application of ice or the water coil for several days preceding the operation."

Antipyrin is recommended by Dr. Immermann as a most efficient remedy in acute and marked articular rheumatism. He claims that it reduces temperature and also exerts a specific action on the joint manifestations.

Miscellany.

The Treatment of Typhoid Fever.—The *College and Clinical Record* gives the following treatment of typhoid fever employed by Prof. J. M. Da Costa, of Philadelphia:

1. Hygienic.—Place the patient in a large, well-ventilated room, so that he may get *plenty of fresh air*. Allow but one person (nurse) with him. Keep friends away. Enjoin cleanliness. Keep patient washed twice daily with vinegar and water, or a solution of permanganate of potassium. Disinfect the dejections with carbolic acid or chloride of zinc, etc.

Nourishment.—There are times when the patient is weakest, as in the early morning; this is the case in all low fevers. Nourish him every two hours with beef or mutton broths, alternating with milk. Other broths, as chicken, etc., may be used. If the patient craves for more solid food, allow him at mid-day meal a little arrow-root boiled in milk, or a soft-boiled egg. Excepting these allow no form of solid aliment until convalescence is completely established, and even then be careful. *Be sure to feed the patient between* 4 *A. M. and* 5 *A. M*; even wake him at this time to feed him. Allow a liberal supply of water, or toast-water, ginger syrup and water, or claret and water. It will keep the kidneys washed out.

2. Medical Treatment.—Different plans have been instituted:—

1. Quinine, which has been justly abandoned.

2. The mercurial plan—calomel, grs. v to x per diem, at the first stage of fever—said to modify the intensity of the fever process. Not an effective plan.

3. Carbolic acid, gtt. j to ij, in mint water, every two hours. This remedy is not to be relied upon.

4. Iodine treatment, as Lugol's solution, gtt. ij four times a day. This promises something good in the way of treatment.

5. The plan used by Dr. Bartholow in the following combination:—

℞. Acid, carbolic, f℥j.
Tinct. iodinii, f℥ij.

Dose, gtt. j to iij, every two or three hours.

This is a good plan of treatment.

6. My own plan is by the use of mineral acids. Those that use this plan in Germany prefer sulphuric acid; in England, hydrochloric; in France, phosphoric, and in America, nitro-hydrochloric acids. Of the last an ordinary prescription is ♏xx of the dilute acid in simple elixir. This will also control to some extent, the diarrhœa.

Do nothing else if you can possibly get along without, but guard against complications, and treat them immediately as they arise.

The first prominent symptom to be noticed is the *diarrhœa*. If there are but three stools, unless they be unusually large, do nothing. If very profuse, give a little tinct. opii camphorata at night, or an opium suppository, gr. j. Should this fail, use—

℞. Bismuthi subnitrat., gr. x–xx.
Opii, gr. ss–j.

Every three hours.

If this fails, try carbolic acid, gtt. j, with morphnæ sulph., every three hours. Often cupri sulph., gr. $\frac{1}{12}$, with opium $\frac{1}{3}$, is very effective.

For the Tympany cold applications, or injections of vinegar, f℥j to ij to water Oj. Internally administer turpentine, gtt. vij, in emulsion, with morphia, gr. $\frac{1}{18}$. Often strychnia is useful, but secondary to the above.

Thoracic Symptoms.—The pulmonary congestion occasions cough; the patient's position must therefore be changed frequently. If the patient is not too feeble use dry cups. The internal use of turpentine is of avail when marked fever is associated with the congestion. Do not give expectorants. If there is a large accumulation of mucus, use aromatic spirits of ammonia.

Sustain the Circulation by quinine in tonic doses, gr. vj to x, in twenty-four hours, but alcohol is the best, repeated in small doses, to keep up the heart's action. In the early morning increase the dose. Under stimulus the pulse of 150 should come down to 120 or 110. The first sound of the heart is the key to the amount required. From four to ten

ounces may be necessary. For nervous symptoms, as headache, delirium, etc., give opium with camphor or with belladonna. Chloral is the most useful, but do not give it when the heart is weak.

For high fever, cold water is excellent. Put the patient in a bath until the temperature of the water gets to 72° F. The tendency to intestinal hemorrhage is greater in this treatment than by quinine, which is next in importance, and should be given in doses ℈j to ℈ss in the day.

For intestinal hemorrhage, ergotin, gr. ij to vij, hypodermically, or f℥j fluid extract of ergot may be given every hour or two. Sulphuric acid is also useful. Opium, to keep the bowels at rest, is indispensable. Cut down milk and stimulus now.

Spreading tenderness (Peritonitis). Tinct. opii deodorat., gtt. x every hour, and gr. j opium suppository at the same time. The suppository must not be repeated for four hours.

Should the patient have *parotiditis* ice is the best treatment; also tinct. ferri chloridi, to enrich the blood.

For the *functional palsies* use strychnia.

The Treatment of Pyrosis.—A contributor to the *Union Med.* gives the following formula, on the authority of Peter:

Powdered bicarb. of sodium	37 grains.
Prepared chalk,	15 grains.
Extract of nux vomica,	1½ grains.

Mix and divide into ten powders, one to be taken three times a day. They are prescribed for persons with whom a milk diet disagrees, but for whom that diet is ordered. If diarrhœa occurs, subnitrate of bismuth is given, in doses of seven or eight grains, with a sixth of a grain of extract of nux vomica, and from a sixth to a third of a grain of powdered opium.—*N. Y. Med. Journ.*

Charcoal and Camphor in Chronic Ulcer.—A mixture of equal parts of camphor and animal charcoal is recommended by Barbocci as an applicatiion to prevent the offensive odor and remove the pain of old excavated ulcers. The camphor acts as a disinfectant, and the charcoal absorbs and destroys the offensive odors.—*Brit. Med. Journ.*

The Prevention of Blindness.—C. Roberts writes to the *Brit. Med. Journ.*: The proposals to employ alum and other astringent lotions to prevent or cure infantile purulent ophthalmia would probably be more acceptable if it were more generally known to practitioners, nurses, and mothers, that infants are born blind, and even up to the end of the first month the function of sight is so imperfectly developed that manipulation about the eyes causes little distress to the patient. The sense of touch is also very imperfect during the same period, and washing the eyes of infants probably causes little more discomfort to them than washing any other part of the surface of the body. The conjunctiva is, of course, more susceptible to irritation and inflammation than the skin, but any distress of this kind would depend more on the nature and strength of the lotion than on the manner of its application. Purulent ophthalmia, moreover, further diminishes the sensitiveness of the conjunctiva and eyelids, as is obvious from the masses of flies which are allowed to infest undisturbed the eyes of children in Egypt, where this disease is a fruitful source of blindness. The first appearance of tears, which, according to Darwin, never occurs before the twentieth, and sometimes as late as the hundredth day, probably marks (and is probably dependent on) the beginning of the sensitive condition of the eyes, which becomes highly developed in adults, and the consciousness of which makes mothers timid in the application of remedies to the eyes of their infants.

Salicylic Acid in the Treatment of Chancroid.—Notta (*Union Med.*) gives the following formulæ:

Salicylic acid,		1 part.
Flour,	each	2 parts.
Powdered gum arabic,	each	2 parts.

Mix.

Salicylic acid,		3 parts.
Oxide of zinc,	each	15 "
Powdered starch,	each	15 "
Vaseline,		20 "

This ointment is used by Mauriac at the Hopital du Midi.—*N. Y. Med. Journ.*

Surgical Dissemination of Cancer.—Dr. A. G. Gerster, in an article on this subject, (*Annals of Surgery*, Aug. 1, 1885), offers the following suggestions:

"During the exsection of deeply imbedded tumors all rough handling, pulling to and fro, should be avoided as much as possible. This may be very difficult in cases of large, heavy tumors, or where it is necessary to work in a deep, non-dilatable wound, wherefore the proposal of an English surgeon to fasten into each tumor, after its exposure, a sharp hook attached by rope and pully to the ceiling of the operating-room seems to be very appropriate. One assistant can easily raise and lower even a very large tumor by traction applied to the rope running through the pully, while the surgeon behind, holding the shank of the hook, can carry out without fatigue such lateral movements as become necessary in the course of the operation. This would deserve a trial, especially in amputations of the breast. For self-evident reasons the axillary fat should be invariably removed, and in one mass, this being much easier and safer than the digging out of the single glands. The operation should be begun if possible with the evacuation of the axillary space, and its contents, together with the breast and the intervening tissues, should be removed in one piece. Primary union of the entire operation wound should be always aimed at where possible, since suppurative processes and the increased reproductive activity of the tissues depending thereon tend to cause an early development of such cancerous elements as may have been left behind.

"The view that non-destructive suppuration may eliminate such cancerous elements has no support in pathology. The surgeon should rather use his knife freely than invoke the aid of such a treacherous ally as suppuration."

The Aim of the British Medical Association.—"It has always seemed to me to be appropriate and fitting that this great professional organization (British Medical Association) should be conducted in a spirit akin to that with which the action of the individual professional man should be inspired; that it should risk its success, not in striving after general or striking impressions on the public, but in doing its proper work, steadily, perservingly, unostentatiously, sure that its objects will be best attained, and its rewards most surely reaped, not by loudly asserting its claims to public consideration and importance, but by giving practical evidence of its title to be regarded as a source of benefit to the community."—*Dr. Cuming in his Address as retiring President of the Brit. Med. Association.*

Vaginal Hysterectomy for Cancer.—In a paper having the above title (*Journ. of Amer. Med. Ass'n*) the author, Dr. A. Reeves Jackson, of Chicago, comes to the following conclusions:

1. Any operation for cancer which does not completely remove the disease will be followed by recurrence.

2. During life, the diagnosis of the extent of cancerous disease originating in any part of the uterus, is at present impossible; hence, no operative procedure can afford a guarantee of complete removal.

3. In view of this necessary doubt, no operation is justifiable which greatly endangers life, provided other and safer methods of treatment are available.

4. Vaginal hysterectomy has sacrificed the lives of more than one-third of those who have never been subjected to it—the mortality of the operation when done by those of greater skill and experience being over 36 per cent.

5. Other methods of treatment, attended by not more than one-sixth to one-fourth the mortality of vaginal extirpation, are equally as efficient in emeliorating the symptoms and retarding the progress of the disease; and they have been followed by as good or better ultimate results. Hence, they should be preferred.

6. Vaginal hysterectomy does not avert or lessen suffering; it destroys, and does not save, life. It is, therefore, not a useful but an injurious operation; and being such, it is unjustifiable, aud ought to be abandoned.

New Instruments.

AN IMPROVED FEMALE URETHRAL SPECULUM.

BY T. A. ASHBY, M. D.,

Professor of Gynecology and Obstetrics in the Baltimore Polyclinic, etc.

The instrument represented in the cut here shown is an original Sims' Female Urethral Speculum with several modifications, which give such decided advantages that a notice of the present instrument is not only allowable but proper. The instrument, as now perfected, seems

to the writer to possess a working value not equalled by any speculum in use. The modifications given to Sims' original instrument have been devised by Prof. W. T. Howard, of this city, and by the writer, but the latter disclaims any credit for the improvement he has suggested, since it is of no great importance compared to the modification given by Prof. Howard. Prof. Howard, with his characteristic indisposition to publish the results of his large and varied experience, has failed to bring this instrument before the profession, so that the writer feels warranted in calling attention to it. Having used a number of different urethral specula without finding the facility and comfort in the use of any instrument which was desired the writer, in conversation, mentioned this fact to Prof. Howard; whereupon, this gentleman exhibited a speculum which he had had made after the plan of Sims' instrument with an important modification of his own device. This modification consisted in substituting a sliding bar over the handles for the screw adjustment. The result was an instrument which admits of the most easy and perfect expansion and adjustment possible. The instant the handles of the instrument are compressed the sliding bar falls and the blades are fixed at any width desired. The dilating force is perfect and the adjustment as delicate as is possible to be secured. The operator is given immediate and perfect control over the dilating blades. In using this instrument, so ingeniously modified by Prof. Howard, the writer was unable to find but one defect, which he has attempted to correct by the modification he has given it. It was found, in separating the blades, that the folds of tissue on either side of the urethral outlet had to be drawn out of view by the fingers, otherwise the orifice was more or less occluded. As it is inconvenient to use the fingers for this purpose, it occurred to the writer that metallic shields added to each blade could be made to do this work. Acting upon this suggestion he has had added the two shields shown in the cut to the instrument modified by Prof. Howard with the result of overcoming the only objection existing in his mind in regard to the great utility and value of the speculum. The cut represents the instrument so accurately that a further description does not seem necessary. This instrument is manufactured by Charles Willms & Co., of this city.

The Berlin correspondent to the *Brit. Med. Journ.* writes: "All the reports of the German army surgeons on experiments recently made with salicylic acid suet, agree in recommending its use as a remedy for extreme sweating of the feet. It is composed of 2 parts of salicylic acid to 100 parts of best mutton suet.

Medical Items.

Dr. Lazerewitch, the well-known Professor of Obstetrics in the University of Kharhoff, having occupied the chair for the full legal term, has been appointed Emeritus Professor.

Drs. Tilt, Fancourt Barnes, Bantock, and Heywood Smith and Mr. J. Knowsley Thornton, have been elected Corresponding Fellows of the Gynæcological Society of Boston.

The new State Board of Health and Vital Statistics, of Pennsylvania, has been organized with Dr. E. W. Gerner as President, and Dr. Benjamin Lee as Secretary. Regular meetings will be held on the second Wednesdays in May, July and November.

Dr. W. K. Bowling, one of the ex-Presidents of the American Medical Association, died at his residence on Cumberland Mountain, near Nashville, Tenn., on August 6, 1885, at the ripe age of 77 years. Dr. Bowling was one of the most eminent physicians of Tennessee.

Dr. Geo. B. Fundenburg, for twenty years a prominent practitioner of Cumberland, Md., but since 1880 a resident of Pittsburg, Pa., died at Somerset, Pa., on August 15th, at the age of 70 years. For several years Dr. Fundenburg was President of the Allegany County Medical Society. He stood high in the communities in which he lived as a citizen and as a practitioner.

The *Journal of the American Medical Association* states that "Dr. John H. Packard, of Philadelphia, who was appointed Secretary-General of the Congress by the Committee of Arrangements at the meeting in Chicago, and whose name was published as one of the 28 who declined to accept any place in the revised organization, has recently withdrawn his declination and accepted the position."

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Aug 11, 1885, to Aug. 17, 1885,

Colonel John Campbell, Surgeon. Granted leave of absence for one month.

First Lieutenant Francis J. Ives, Assistant Surgeon (recently appointed). Ordered for duty in Department of Platte.

Wolverton, W. D., Major and Surgeon. Granted leave of absence for twenty days.

Maus, L. M., Captain and Assistant Surgeon. In addition to his other duties, assigned to duty as attending surgeon of the Department Rifle Camp.

First Lieutenant A. R. Chapin, Assistant Surgeon. Granted one month's leave, to take effect when service can be spared by Commanding General of Department of Missouri, with permission to apply for one month's extension.

First Lieutenant Philip G. Wales, Assistant Surgeon (Ft. Cœur d'Alen, Idaho). Ordered for temporary duty at Boise Barracks, Idaho.

APPOINTMENT.

William P. Kendall, to be Assistant Surgeon U. S. Army, with the rank of First Lieutenant, to date from Aug. 12, 1885.

Captain Thomas F. Aypell, Assistant Surgeon. Retired from active service Aug. 10, 1885.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE for the two weeks ended Aug. 15 1885.

Bailhache, P. H., Surgeon. To proceed to Delaware Breakwater Quarantine as Inspector. Aug. 15, 1885.

Stoner, Geo. W., Surgeon. Granted leave of absence for thirty days. Aug. 10, 1885.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY during the week ending Aug. 15, 1885.

Beyer, H. G., Passed Assistant Surgeon. To attend meeting of the "American Association for Advancement of Sciences," at Ann Harbor, Michigan, and at conclusion of meeting to resume duty at the Smithsonian Institute.

Boyd, John C., Passed Assistant Surgeon. From Navy Yard, Washington, D. C., to special duty at Bureau of Medicine and Surgery, Washington, Navy Department.

Lippincott, J. C., Passed Assistant Surgeon. To Navy Yard, Washington, D. C., as relief of Passed Assistant Surgeon Boyd.

Owens, Thomas, Assistant Surgeon. From special duty at Bureau of Medicine and Surgery, Navy Department, and waiting orders.

Sayre, J. S., Assistant Surgeon. From U. S. R. S. "Independence" to Naval Hospital, Mare Island, Cal.

Selected Article.

THERAPEUTIC PROGRESS.*

BY JAMES SAWYER, M.D., LONDON, F.R.C.P.,

Senior Physician to the Queen's Hospital, and Professor of Medicine in Queen's College, Birmingham.

Comparative Backwardness of Therapeutics—Difficulty of Therapeutic Inference—Therapeutic Triumphs—Neglect of Therapeutic Teaching—Danger of False Theories—Right Relations of Science and Practice—Recent Therapeutic Progress—Scope of Therapeutics—Conditions of Therapeutic Progress—Physiological Research in Therapeutics—We must yet be Empirics—Progress Proceeds by the Discovery of the Unknown and by the Perfection of the Known.

GENTLEMEN:—It is my first duty to ask you to accept my hearty thanks for the honor you have done me to-day in my election to the presidency of our branch of the British Medical Association. I feel you have called me to a high responsibility in placing me, by your favor, at the head of one of the largest and most influential divisions of the largest professional society in the world. You have called me to succeed many distinguished predecessors. Let me assure you I appreciate your confidence and consideration to the full. I undertake the duties you have placed in my hands with a sincere desire and with a single determination to do my best to justify your choice.

In choosing a subject upon which to address you, I remember that former presidents have most profitably engaged our attention upon a wide variety of topics. I can recall many brilliant addresses, some which have not been without marked professional and public influence, and consequence of good, in the initiation and support of manifold improvements—of improvements in our relations, in our duties, in our powers, and in our practice. We have listened in succession to the able exposition of such important questions as the progress of ophthalmic surgery, the care and cure of the insane, the management of habitual drunkards, and our due relations to the sick and poor, and to the benevolent public, through provident organizations and medical charities. We have heard, too, of the marvelous developments of surgery in our times, of the political duties of our profession, and of our moral and sanitary responsibilities. I am venturing to-day, gentlemen, to break other ground in asking you to return to a theme older, perhaps, than any of these; to one older, but to one which is ever new, for it touches us all in our daily work as practitioners, namely, the *therapeutics of disease;* the use of remedies for the cure and relief of our patients, and especially the remedial actions of medicines. The subject is a great one, and its adequate consideration is far beyond the scope of an inaugural address. I can only attempt now to take up a part of it. About the interest of therapeutics to us I can have no doubt. Let us regard to-day, gentlemen, if you please, the particular question of our therapeutic progress. Are we making real progress in the treatment of disease? How may we improve and quicken our advancement? What are the obstacles to our progress, and how may we hope to overcome them? I remember that a great medical authority, and a distinguished modern physician, the late Sir Thomas Watson, in his inaugural address at the foundation of the Clinical Society of London, in the year 1867, said:—"The greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics." And although, in the eighteen years which have passed since this declaration was made, the healing art has achieved many substantial and practical advances and developments, we must all of us still feel, I think, and often feel acutely as practitioners in our daily application of remedies for the cure and relief of disease, that we want

*A Presidential Address delivered at the annual meeting of the Birmingham and Midland Counties Branch of the British Medical Association, held in the Birmingham Medical Institute, June 25, 1885.

From *London Med. Times*, Aug. 8, 1885.

a knowledge more exact, a scope more enlarged, and indications more direct and more successful, of the means by which morbid processes may be prevented and extinguished. How can the art of "treatment" be placed upon a broader and sounder basis—upon a basis less shifting, less empiric, more demonstrable, more effectual, and more scientific? We thankfully rejoice in the advances of physiological and pathological science. These advances are good in themselves, and we welcome them with a hearty expectation that they may lead us to improvements in our practice. But we are disappointed that therapeutics lags behind. Why have these sciences of life and of death outstripped the science of healing?

There can be no doubt that the enormous difficulty of accurate therapeutic inference is the chief obstacle to the establishment of therapeutics as a scientific system, in the strictest acceptation of that term. This difficulty has never been overcome. It inheres intrinsically to the subject, and the subject is of unsurpassed complexity. In ages of scientific progress we have reduced this difficulty a little, and we shall yet reduce it still more; but shall we ever remove it? In a therapeutic inference we have to conclude about the action of a given drug upon a living human body, in a state of disease. The question is easy, but we cannot complete the equation. We can cite the question thus clearly, but we cannot *state* the equation; for one reason, because we cannot state the great unknown quantity it includes. The terms are life, a disease, and a drug. In the whole range of human research there is no problem more difficut of exact solution than the question, which can be so simply stated, Does a certain drug cure a certain disease? To the uneducated the answer may seem an easy one; but the keenest logician of our time, John Stuart Mill, has put precisely this question as an illustration of the most intricate class of problems which the human intelligence can attempt to unravel, as the extremest instance he can imagine, when he "clothes in circumstances" the inherent and often insuperable difficulties which beset our reasoning when we have to deal with causes which are plural and distant, and with effects which are intermixed and many. But it is our business as practitioners to "treat" patients and the disorders that are in them, to preserve and restore to our patients their activity, to assuage their sufferings, and, if it be possible, to cure them. As faithful practitioners, in our daily dealings with the practical and concrete, the considerations I have just adduced must not weigh upon us unduly. I have been speaking only of the difficulty of satisfying the severest canons of formal logic in a scientific inference about the cure of a disease by a drug. Outside the scope of such a demonstration, much of solid therapeutic achievement, much of priceless worth to our race, remains in the arts of medicine. Surely do we cure many diseases, and surely do we mitigate many more. Nor need we always cure their diseases when we save and restore our patients. Does the mariner cure the wind and waves when he guides his ship in safety through a storm which would have overwhelmed her if he had been less vigilant and less skilful? And so we can have no doubt that in many diseases, the duration of which we cannot shorten, as in some of the specific fevers, we can so *manage* the patient as to make the issue for him recovery instead of death. But happily, also, we can have no reasonable doubt that we really cure many diseases; to feel sure of this we need not wait to satisfy the sterner requirements of logical proof. Paralysing doubt melts into confident action without waiting for the later demonstration of final certainty. Can we doubt that we cure syphilis with mercury, or ague and its allied neuralgias with quinine, or many forms of anæmia with iron, or acute rheumatism with salicylate of soda, or some skin diseases with arsenic? And in diseases which we do not yet claim strictly to cure, are we not sure that their manifestations are largely within our control? Think of nitrite of amyl and nitro-glycerine in angina pectoris, of iodide potassium in asthmatic dyspnœa, of the bromides in epilepsy, of digitalis in affections of the heart, and of venesection

or of chloroform in convulsions. And again, the secretions and evacuations of the human body, if not wholly within our control, are largely under the influence of our therapeutic means. And is not pain, the commonest and the most urgent of all the expressions of disease, almost absolutely within our power?

But there is another great difficulty in the way of therapeutic progress. If we watch the current methods of medical education, we shall soon observe that the details of practical therapeutics are not, as a rule, sufficiently dealt with by our teachers. The examining bodies in their curricula, unfortunately join materia medica and therapeutics to form the single subject of one short summer course, and present it to the student in his first year, when his acquaintance with disease and with patients has scarcely begun. The art of treatment is now a neglected branch of medical instruction; its neglect is not often felt by the pupil until he becomes a practitioner. Now that medical students are no longer apprenticed, to learn in the practice of a surgery the art of *applied* therapeutics, but pass at once from the school desk to the hospital ward, they especially need long and careful training in the science of treatment and in the art of prescribing. The elaboration of the scientific details of the medical curriculum as contrasted with the practical work amongst remedies required by the obsolete custom of apprenticeship (a system which had many practical advantages)—the prevailing elaboration of the scientific details of the medical curriculum has too often crowded therapeutics out of the cognizance of the modern student of medicine. The duration of the course of lectures on materia medica, as now required by most of the licensing bodies, is so short, and the period when these lectures are attended, namely, in the student's first summer session, is so inopportune, that justice is not done to the important range of practical subjects, such as pharmacy, pharmacology, the physiological actions of medicines, and the art of prescribing, which are huddled and hurried into this part of the current curriculum. Hence the young practitioner, when he has taken his diplomas and left his school, without sound training in the discrimination, combination, and application of remedies, too often finds himself imperfectly prepared for the practical responsibilities of his position, and he is in risk of abandonment "to the tender alternative of two great evils —a feeble and servile routine on one hand, or a wild and lawless empiricism on the other." In these difficulties, a clear head and a good conscience may still save him; but he may be tempted to a treacherous refuge by the easy charms and attractive nostrums of proprietary pharmacy, or seduced by one or other of those notorious therapeutic generalizations which can still captivate the ignorant, though they be tottering to their fall between the crutches of knavery and credulity.

It would be easy to gather from the history of our art abundant instances of how much an accurate knowledge of remedies has been obscured and retarded by superstition and by credulity, by scepticism and by caprice, by fashions in diseases and by fashions in remedies, and by false doctrines founded upon false theories of morbid process, or upon false theories of the properties of medicines. In our times, with a sober yet hopeful temper in our judgments upon remedies, we may expect to escape many of the errors of the past, and to help forward a sounder therapeutic progress. We must seriously and patiently examine again our old remedies, and search for new ones, by the best sources of modern scientific precision; and we must set ourselves to do this with no superstition, and without too much credulity, and above all, without too much scepticism. It would be easy to point to a pedantic scepticism which, in our own days, has sometimes found disastrous expression in our schools, as an egotistic inflation of therapeutic ignorance, or as the premature offspring of our exacter pathology. Credulity has been well defined as belief without reason; scepticism is reason without belief; and history has generally shown that a race of credulous believers begets a generation of unreasonable doubters. But our history warns us that some of

the most striking errors of our art have sprung from hasty and false generalizations as to the properties of remedies or as to the nature of morbid processes. Now, as ever, we must be watchful lest we gaze through glasses colored by the deceitful hues of false theory and premature conclusion.

Possibly an unproved bacillary pathology may tempt us into premature bacillary therapeutics. As therapeutists we have noted that medical science has lately presented one of its periodic revisions of the pathology of pulmonary phthisis. It has introduced to us a living and material germ, and labeled it the tubercle bacillus, and it has found this organism as a newly recognized concomitant of tubercular processes, or, as some would claim for it, as the characteristic, ultimate, and peculiar structural element of tubercle itself, or even as its infective, material and potential essence. It is now too soon to attempt to sum up the true value of the well-known and important investigations to which I refer. I may say, however, in passing, that I have a strong suspicion, which many of my brethren, doubtless, have also felt, that the tubercle bacillus will soon subside into obscurity, and that it will turn out, at the most, to be only an accident of tubercular processes. Of course, I am using the word accident, as opposed to essence, strictly in its well-known logical sense. Before long, possibly, our scientific brethren will have kindly found for us a special micro-organism, appropriately and specifically named, for every disease which presents an organic basis in which micro-organisms can flourish. Then will science once more react from error by proving too much, and the etiological bacillus will be lost in its universality.

In view of this immediate and particular question of the structural etiology and essential pathology of tubercular diseases, it is well for us, as therapeutists, if we would secure our progress, to realize our right attitude towards the sciences which underlie our art, and especially towards that great department of inductive knowledge which is distinguished as the science of medicine. The first test of inductive truth is the touchstone of practice. In medical practice we must prove the generalizations of medical science. Clinical experience is the balance which alone can weigh their value. As faithful practitioners we must always welcome new scientific truths, and reflect their due influence in our practice. We must ever watch and support the labors of those who are breaking new ground in the elucidation of morbid processes. We must watch them with an expectation which hopefully waits for clinical result, and with an interest that tends to action. But our experience has taught us to be cautious in the acceptance, not of new scientific facts, but of new scientific generalizations. We remember that fifty years ago the essence of phthisis was the tubercular granule. Twenty years ago the ingenious Niemeyer revised and developed the teachings of Addison, and elaborately worked out the catarrhal and broncho-pneumonic hypothesis of pulmonary consumption. Then, thereafter, came the "giant cell" of tubercle. And now Koch asks us to contemplate the tubercle bacillus.

Premature generalization from particulars seems to be a very persistent tendency of the human mind, and it is a tendency which education and experience alike teach us to resist. Of all the errors which have retarded the progress of the science and art of medicine, premature generalization is the chief. When we would ascend from particulars to generals, credulity is our bane, and scepticism our duty. And in medical science we must bring our conclusions face to face with particular and living cases of disease, and see if they be true then. While clinical medicine, to be progressive, must ever revise and recast its practice by the truth of medical science, the generalizations of medical science must find in the particular readings of clinical medicine the truest tests of their validity. If our our science sometimes restrains us when our art is going astray, it is our art only which has often shown us when our science was falling into error. In medicine, as in morals, practice is the test of principle.

We shall brighten our faith in the possibilities of therapeutic progress when we recall the marvellous practical advances which the healing arts have achieved within the last five-and-twenty or thirty years. I cannot now attempt to cite these advances in detail, but I believe a critical examination of them would show that our power to cure and to alleviate disease has made more substantial progress within the time I have named than it has gained within any similar period in the history of medicine. Our remedies have grown in simplicity and in range, in number and in precision. I am sure many instances of such progress at once occur to your minds. We have developed the use of some good old drugs, and we have learned the uses of some good new ones. Here are some prominent examples: The salicylates have become established beyond question as powerful remedies in pyrexial rheumatism. Thirty years ago, the use of the alkaline bromides in epilepsy and its allied disorders, now so familiar to us, was quite unknown. In nitrite of amyl and in nitro-glycerine have been found agents which can largely prevent, and which can markedly assuage the agonizing paroxysms of angina pectoris. In chloral, in croton-chloral, in iodoform, we have found serviceable new drugs. In our time, too, the indications for the use of digitalis as a cardiac sedative, and as a cardiac tonic of marvellous power, if rightly employed, have been clearly worked out, and incorporated amongst the most reliable staples of our art. What may be called the local treatment of diseases of the respiratory organs by the use of inhalations has been largely developed in recent years. Think, too, of the therapeutic field which we owe to the hypodermic syringe!

And now, gentlemen, if you will kindly bear with me a little longer, let me invite you to look forward. Surely the prospect, the prospect of our remedial art, is encouraging. Here and there the haze obscures, and here and there it hangs thick and low, but the clouds are clearing, and we can see many a broadening gleam of bright blue sky. Let us remember the immensity of our prospect. The potentiality of our art is only bounded by the physiological possibilities of human life. Our art aims at the prevention and the cure of all disease. Towards this consummation, so devoutly to be wished, it is sure to grow. The lines of its development are plain, and we know them well. Only by slow experience, and only by the labors of many hands, can our progress be maintained. Little by little shall our knowledge surely grow, but only by the experience of reliable observations, infinitely multipled, and laboriously compared. And from another aspect, and from one more immediately practical, we recognize the vastness of the scope of therapeutics. I need not remind my hearers that the art of therapeutics is not merely the administration of drugs. It is much more than this: it includes every agency and circumstance which can favorably influence disease. It includes dietetics—what a patient ought to eat, and what he ought to drink, and when and how; it includes balneology—an ancient therapeutic system which has a greater future; it includes climatology, it includes the physical resources of mechanics—a mine of boundless wealth, which in means for the evacuation of morbid collections, and for securing rest, immobility and support, has achieved such brilliant results; it includes electricity and other forms of gymnastics; it includes the regulation of occupation, pursuits and amusements; and it includes many details of practical education, in their physical and psychical bearings upon growth and stability. I wish the general mind of our profession were more clearly directed towards the pursuit of therepeutic progress. If the plainer conditions of such advancements were more generally recognized, and more generally kept in recollection, we might soon reap some substantial improvements.

It is clear to us that we must know more, and a great deal more, of the causation of disease before we can construct a therapeutic science. Hence, as therapeutists, we must watch and welcome all investigations into the nature and origin of pathological processes. We must cultivate, too, the art of clinical

observation, and especially the art of diagnosis, for it is obvious that an accurate discrimination of the character of a disease must precede, in any particular instance, its intelligent treatment. And here, too, I think we shall agree that there is a distinct danger from undue specialism in practice. While what is known as specialism in practice has done much to advance our remedial arts, and while specialism within certain limits is wisely accepted by our profession as a sound rule of conduct, I think we shall admit that there is an undue specialism against which we must guard, because it is a dangerous obstruction to real therapeutic progress. We must never forget that we cannot pursue therapeutics successfully to the exclusion of other branches of medical art and science. We cannot be therapeutic specialists. But our therapeutic progress cannot rest upon clinical experience alone. Physiological research into the precise details of the powers of remedies, and such research directed towards the perfection and discovery of remedies, has already yielded good fruit in practice, and is full of promise. The two broadest and directest lines of therapeutic progress lie in these two fields of work, in clinical experience and in physiological research. Each supports the other, and neither can stand alone. While clinical experience suggests specific wants which physiological research may endeavor to supply, physiological research supplies new agents which clinical experience may test in practice. Clinical experience reveals the therapeutic effects of medicines, physiological research discovers only their physiological actions. The therapeutic effect of a medicine is its remedial efficacy in disease. The physiological action of a medicine has no necessary connection with its therapeutic powers; it is an effect it produces upon a living and healthy body. We shall fall into error if we assume that there is always a necessary connection between the physiological actions of a medicine and its therapeutic effects. There are some agents which have marked physiological actions and yet are poor in therapeutic powers, and there are some remedies which have accepted therapeutic efficacies which exhibit scanty physiological manifestations. If we examine the matter closely, we shall find that in many instancies the therapeutic effects of a remedy, and its physiological action are, so to speak, two distinct, but not separate, sides of its character. But, however these things may be, we cannot doubt that the more we learn about the physiological powers of remedies the more likely we are to understand, the more likely we are intelligently to direct, their therapeutic employment in our practice. So, if we would make progress in our powers to cure disease and to relieve physical suffering, we must heartily help and patiently watch the physiological investigation of the actions of old and new remedies, and of old and new agents which may possibly become remedies. Our experience tells us that we shall often find that an agent which has particular and well-marked physiological powers has also the capacity of a remedy with distict therapeutic actions. In this way, physiological research suggests for us and for our patients new remedies, or new applications of old ones, and hands them on to clinical experience for test and for proof. Physiological research yields us a perennial spring of therapeutic progress, a spring in which our art may perpetually renew its vigor. Here is an abundant source from which we may draw an exacter knowledge. Here shall the art of medicine become less empiric. Here shall our science become more practical, and our practice more scientific. There is another condition of our work in the treatment of disease about which there has been much misconception, but about which we can scarcely miss agreement if we weigh the case carefully. It is this: whether we like it or not, we must yet be mainly empirics in our practice. We must not be above being empirics. I do not mean empirics in any bad sense of the word. I do not even mean that there is any real opposition between true empiricism and scientific practice. The great bulk of our therapeutic knowledge is at yet empirical, and as empirics, though as rational and scientific ones, we must ad-

minister it. By this empiricism I mean, and mean only, a knowledge which is founded upon experience. I mean a knowledge which grows from and with experience, and which in this sense is empiric, however scientifically it be applied. In much of our therapeutic work it is experience which prompts our action, while experience alone can test our results. Much of what we do we cannot explain, in the scientific meaning of the word explanation, so we lean upon experience, and trust with an empiric faith much that we know to be true, though we cannot understand it. We expect much of further gain to our art from the discoveries and developments of physiological research into the actions of medicines, and such research has already found us some valuable remedies, which an *a priori* reasoning has applied in practice, and which experience has confirmed. But, in our time, expeperience must yet be our chief guide in therapeutics. Here is a specific question which we have to answer every day. Why do I give this medicine to this patient? Not because it has such-and-such physiological effects, and I expect, therefore, that it will do good, but because I have *before* found its administration attended with advantage under similar circumstances, and this experience *satisfies* me, and gives me confidence in using it again, until I know of a better remedy.

Progress has two sides. It advances with a double front, by the discovery of the unknown, and by the perfection of the known. What the unknown has in store for us we cannot say, but surely a mine of therapeutic progress lies ready at our hands in the perfection of the remedies we already know. The discovery of the unknown is reserved as a rare and great reward, as the guerdon of the few. Towards the perfection of the known we all can work, and none shall miss his prize. The discovery of the unknown bears fruit late, seldom, never, and splendid; the perfection of the known bears fruit at once, always, continuously and in bushels. Many good remedies are not fairly tried. A remedy has not failed when it has only been employed improperly. Let us study again, and more closely, and by modern scientific methods many a good old drug, such as arsenic and antimony, mercury and hemlock, sulphur and turpentine. Let us watch, too, the marvellous developments of modern chemistry in their bearings upon our medicines. With a wide eye let us watch the sciences which are ancillary to ours, that we may translate their advances and resources into practical therapeutic utilities. Let us be reading, and reading old books, as well as doing other work. If we turn to the therapeutic literature of the past, we shall find not only that the fittest remedies have not always survived, but that some of our most striking modern curative triumphs have been gained by old remedies which had long been forgotten, as, for instance, in the treatment of pyrexia by the affusion of cold water, a revival and not a survival, a revival of the therapeutics of Currie, of Liverpool, at the beginning of this century, and of others before him. Venesection is worthy at least of partial revival, and is sure to come into vogue again. We might, too, give point and precision to much that we know if we revived a little of the evacuant treatment of predecessors—a treatment which, although based upon a superseded humoral pathology, was often sound in its practical results—and casting aside much of the modern tonic rubbish which so easily besets us, studied the unloading of the viscera, and cultivated a robust therapeutics, based upon an accurate survey of the vital individuality of our patients.

Clinical Report.

Dr. Randolph Winslow sends us the following report:

In the report of Case IV in the clinical report from the University Hospital, (see JOURNAL OF Aug. 15th, page 302) an item of considerable interest was inadvertently omitted. The case was one of pyopneumothorax, in which excision of a portion of a rib was performed in order to allow free drainage of the cavity. The sac was then irrigated with hot, 1 to 2000, sublimate solution, until the fluid returned clear. This was ordered to be

repeated daily. Whether a stronger solution than 1 to 2000 was subsequently used I do not know, but after a few days the patient began to complain of cramps and diarrhœa, with some salivation and soreness of the mouth. On this account the bichloride solution was discontinued and a weak carbolized solution substituted. This is the first case in which I have noticed symptoms of poisoning from the use of corrosive sublimate as an antiseptic, during the two years in which I have been using the drug in the treatment of wounds. The usual strength which I employ is 1 to 1000; in this case a solution 1 to 2000 was used, but it is evidently too strong for irrigating large serous cavities, and hereafter I will use for this purpose a solution of 1 to 5000.

Society Report

REPORT OF STATE BOARD OF HEALTH OF MICHIGAN.

GOOD HEALTH RESULTS FROM SANITARY WORK.

Sanitary authorities have claimed that the sanitary work which they have recommended to be done as a preparation for cholera—such as preventing and abating nuisances; attending to drains, sewers, privies and cesspools; cleaning up generally, and unusual carefulness in regard to foods and drinks—would reduce sickness and deaths from other diseases, even if cholera did not come. The weekly reports for July, 1885, to the Michigan State Board of Health, by physicians in different parts of the State, indicate that this claim is being realized in Michigan, so far as relates to the lessened sickness—it having been lessened from nearly every disease, and greatly lessened from fevers and from diarrhœal and other diseases believed to be especially influenced by sanitary conditions; and this is true notwithstanding the meteorological conditions in that month were rather more than usually unfavorable to health. It is proper to state, however, that the sickness in any month is influenced by the meteorological conditions in the preceding month, and that the meteorological conditions in June, 1885, were favorable to health.

Observations in Michigan for many years have shown that in July the meteorological conditions unfavorable to health are: high temperature, excessive humidity of the atmosphere, and deficiency of ozone. The bulletin of "Health in Michigan, July, 1885," says: "For the month of July, 1885, compared with the average of corresponding months for the seven years, 1879 to 1885, the temperature was slightly higher, the absolute and the relative humidity were more, and the day and the night ozone were less."

"Compared with the average for the months of July in the seven years, 1879 to 1885, remittent fever, intermittent fever, dysentery, consumption of lungs, cholera infantum, diarrhœa, cholera morbus, measles, and whooping cough were less prevalent in July, 1885."

A large part of this decrease in sickness has undoubtedly been due to the medical and sanitary journals and the newspapers, which have constantly kept before the people the necessity for sanitary work and the facts as to the spread of cholera in Europe.

It remains to be seen to what extent efforts for the exclusion of cholera from this country, and the general preparation for cholera by boards of health and the people, shall prove effectual, but even if cholera shall not be entirely prevented, there will remain the belief that the measures which have so greatly decreased the sickness from other diseases cannot but have had their influence in decreasing it; and if cholera does not occur in this country it seems quite probable that, by reason of the suffering elsewhere, there may be as many cases of serious sickness prevented in this country as there have been cases in Europe. But this may not continue without continued vigilence and effort.

The American Dermatological Society will hold its ninth annual meeting at Greenwich, Connecticut, on Tuesday, Sept. 1st.

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NEWBERRY A. S. KEYSER, M.D., Associate Editor

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BALTIMORE, AUGUST 29, 1885.

Editorial.

PREVENTION AND TREATMENT OF UGLY CICATRICES.—In this æsthetic age the presence of an unsightly cicatrix upon the exposed portions of the body is not only a reproach and an object of mortification to the individual thus unhappily marked, but is a walking reprimand to the skill and ingenuity of the surgeon whose connection with the case might have prevented the result witnessed.

We do not pretend to say that ugly cicatrization can always be prevented by the surgeon or that he is wholly responsible for the unsightly scars attributed to his management of the case. We would, however, call attention to the fact that, as a rule, too little attention is given to the careful treatment of injuries about the head, hands and face with the object in view of preventing unsightly scars. Through want of careful attention injuries to the exposed surfaces of the body may be treated upon the same loose principles as those concealed from view by clothing. The result is that incised pieces of tissue are carelessly adjusted, unnecessary sutures are used to approximate the edges of wounds, dressings are indifferently attended to and those numberless artful manipulations which so fully repay the attentive and skilful surgeon are lost sight of or omitted. Owing to careless or indifferent management a wound which should heal by primary union is allowed to heal by second intention, and thus through the stages of suppuration and necrosis tissues are destroyed. A simple injury is in thiswise converted into a foul and ugly process which after repair remains an unsightly scar to mar the comfort and happiness of the individual. That the attending surgeon is responsible for many of the hideous scars which are almost daily witnessed upon the faces of men, women and children no one can deny. Every well-trained surgeon knows that many of these unsightly cicatrices are wholly unnecessary. A mere examination will show the point of defect in the treatment of the wound and how the present result might have been obviated.

It does not suffice our purpose to call attention in this brief manner to the careless treatment of wounds on exposed surfaces of the body. We assert that many of these ugly and degrading scars are totally unnecessary and could have been prevented by the attending surgeon had even ordinary care and skill been employed. An injury thus rendered unsightly or hideous may not be lost from view during the lifetime of its unfortunate possessor. It may not come within the province of the surgeon, first connected with the case, to attempt to correct the errors of an early inexperience by a subsequent operation, but should this patient fall happily into the hands of the skilful surgeon a large part of his deformity may be corrected by operative methods.

Through the skilful application of the rules of plastic surgery numbers of the unsightly cicatrices and marks about the head and face are now being successfully corrected. The bad work of the inexperienced or careless surgeon may in part be atoned for by the skill of the æsthetic surgeon, still this can be but poor comfort to the patient or to the first medical attendant since both must suffer in consequence of the faulty application of the rules of the surgical art at a time when more satisfactory results could have been secured. The practitioner of the surgical art should not lose sight of the fact that the æsthetic sense is being

largely developed in the present generation. He should keep in view this idea in applying the methods of surgical practice and thus by skilful work seek to raise the art of surgery to its highest state of perfection. There can be no doubt of the fact that the surgery of the future will receive some of its finest results from the application of the rules of the finer arts to the correction of deformities, whether the result of faulty development or of injury. Is there any reason why a crooked nose should not be made straight, or a faulty expression changed by the application of the rules of the surgical art?

A disinct class of surgeons will most probably be called upon in the near future to meet the requirements of the finer art in surgical practice, and for this class no more expressive name can be designated than the Æsthetic Surgeon.

The Cholera Epidemic in Europe.—Until within the last week or ten days the cholera epidemic, now prevailing in Southern Europe, was regarded on this side of the Atlantic, as little likely to extend beyond its present limits in Spain and Southern France. Quite unexpectedly the situation has changed and grave apprehensions may now be entertained that the disease may reach Middle and Northern Europe, and even extend to this country. A full month or six weeks still remain during which time it is possible for an epidemic to make an extensive march and to carry destruction into far distant countries.

The latest cable dispatches give information of an alarming condition of affairs in Spain, where from 1,500 to 2,000 deaths are of daily occurrence. The situation in the cholera districts, as described, recalls the horrors of the pests which visited Europe during the middle ages. The sick and dead are allowed to be equally neglected, there being no one to nurse or bury them.

In the last quarter of the nineteenth century such a spectacle as is now presented to the eyes of the world by the suffering and dying peasants of Spain is a sad and mortifying reflection upon an enlightened government. We are informed that the Spanish Government finds itself unable to meet the demands made upon it for assistance. From this statement we must conclude that the cholera is playing havoc with the people of Spain or that the Spanish Government is a weak and crippled kingdom with depleted resources and inefficient regulations. The following cablegram of August 23 describes the situation:

"To-day's cholera returns from all the infected districts in Spain show a total of 4,887 new cases and 1,798 deaths. Throughout Spain yesterday there were 5,673 new cases of cholera and 1,723 deaths from the disease. Since the beginning of the epidemic there have been 156,077 cases and 61,521 deaths.

The condition of Granada remains pitiable. Hundreds of people are attacked by cholera in single streets nearly every day. There are no doctors and no authorities to look after the victims, who often pass through their agonies in the streets and expire, unattended, in the gutters. Most of the unaffected population have fled, and the few healthy citizens that remain are disheartened and apathetic. Corpses remain uncoffined and unidentified. The very misery wrought by the plague has become a nuisance, and the government has resorted to the desperate expedient of compelling the soldiers and the convicts to carry on the work of removing from the public ways and interring the bodies of the unknown dead."

Whilst we do not anticipate an outbreak of cholera in the United States during the present Summer, it is safe to assert we have no guarantee to that effect. So long as we remain exposed it is clearly the duty of our National, State and City Governments to exercise every known power which exists to prevent an outbreak in our country. Sanitary precautions should not be abated in a single particular, but if anything should be revived with greater force.

The cholera scourge in Europe will be of no disadvantage to this country if its lessons are properly enforced. Much good sanitary work in this country has been accomplished by the apprehension

of cholera. Many of our cities were never in better sanitary condition than at the present time. Sanitary principles and methods have been so impressed upon the people that as a result a marked diminution of many of the zymotic diseases has been noted. In confirmation of this statement we call attention to the report of the Michigan State Board of Health, which will be found elsewhere in the present issue of this JOURNAL. This report gives an intelligent view of the work of sanitation as it has been carried out in Michigan, and it proves conclusively that every effort which is made to prevent an outbreak of cholera in this country will more than pay in the reduced mortality from other diseases.

The cholera is not an unmitigated evil if it awakens our people to the importance of a thorough sanitary revival.

DEATHS BY DROWNING.—At this season of the year the usual number of deaths by drowning is chronicled by the daily press, and numerous suggestions are offered from various sources looking to the prevention of drowning accidents.

So long as men continue to bathe in sufficient quantities of water to become submerged or to travel by water, such fatalities will occur. All the warning uttered will avail but little until the danger of drowning is pointed out in an intelligent way. An analysis of deaths from drowning will show that only in a small per cent. were the victims unable to swim. As a rule, persons who do not swim are careful about risking the perils of the deep. It is the over-confident and reckless swimmer who is more apt to be taken in. The usual explanation for this is that the drowned man came to his death by the cramp. This affection does not seem sufficient to account for the abandonment of all effort by a skilful swimmer. It is well-known that the body can be supported in water by the slighest effort, even though all the limbs be paralysed with cramp. It is not likely that a skilful swimmer will lose sight of this fact.

The most probable explanation of the larger number of deaths among good swimmers will, we think, be found in the fact that the heart's action is overcome by the increased violence of swimming. Violent exercise in cold water is not at first so appreciable as when taken on dry land. The expert swimmer is tempted to expend his power to a greater extent than he is aware and having ventured out beyond the limit of prudence his strength is so expended on the return effort that his powers fail and death by drowning ensues. It is not at all improbable that many deaths take place in this way, and especially will this be true if the swimmer has a weak heart. The important lesson then is to discourage all who swim from undertaking prolonged and violent exercise when bathing and, especially to warn the subjects of cardiac weakness of the risks of prolonged exercise in chilly water.

Reviews, Books and Pamphlets.

The Curability and Treatment of Pulmonary Phthisis. By S. JACCOUD, Professor of Medical Pathology to the Faculty of Paris. Member of the Academy of Medicine, etc. Translated and Edited by MONTAGUE LUBBOCK, M. D. (London and Paris) M.R.C.P. (Eng.). New York: D. Appleton & Co. 1885. Pp. 397.

The author of this work is the eminent Professor of the École de Médecine, Paris. He enjoys the reputation in Europe of being one of the best authorities on pulmonary phthisis. In the work before us his views are stated very clearly, and the reasons for their existence are fully set forth. The author is thoroughly convinced and certain of the curability and possible arrest of phthisis, and believes it to be his duty to communicate in every detail the results of his studies and experience. In this work he considers at considerable length the question of the treatment of this disease, and gives the various methods of treatment which he has employed and which he considers necessary. He discusses the conditions which influence the curability of pulmonary phthisis, the prophylactic treatment, the treatment of the ordinary form of phthisis, the treatment by min-

eral waters and, lastly, the climatic treatment.

We have not space to give an outline of his views but can commend the work to those interested in the management of phthisis.

The work has been carefully translated and is a valuable addition to the English literature of the subject of which it treats.

Cancer. A Study of Three Hundred and Ninty-Seven Cases of Cancer of the Female Breast, with Clinical Observations. By Willard Parker, M. D. New York and London: G. P. Putnam's Sons. 1885.

This work covers the experience of one of the most distinguished of American surgeons. The author devoted much time to its preparation just prior to his death, but his demise cut short its completion. The work is now edited by his son, who offers it to the profession as one of the latest contributions from his father's pen. It is a work which will be read with interest and profit since it embodies the teachings and observations of one whose record and life's work as a master in surgery will long live in the annals of this branch of science.

Cholera: Its Origin, History, Causation, Symptoms, Lesions, Prevention and Treatment. By Alfred Stillé, M. D., LL.D., Professor Emeritus of the Theory and Practice of Medicine in the University of Pennsylvania. Philadelphia: Lea Brothers & Co. 1885. Cushings & Bailey, Baltimore.

At the present time there is no disease entitled to more eminent attention and consideration than cholera. A work, therefore, which can throw light upon this subject should be welcomed by the profession. The work before us by Prof. Stillé embodies the views of a widely-known and gifted scholar and student, one where large clinical experience and thorough knowledge of medicine eminently qualify him for the task he has performed.

The whole subject of cholera has been treated in a clear, concise and practical manner. The work is one we can commend to all students of this disease.

The Treatment of Opium Addiction. By J. B. Mattison, M. D. New York and London: G. P. Putnam's Sons. 1885.

Considering the wide extent to which the opium addiction prevails, not only in this country but abroad, any method of treatment adapted to the successful management of these unfortunate cases is entitled to attention. The author of this little work has enjoyed a large experience in this direction, and his methods of treating the opium addiction are here related. His methods are original and the result of his own large observations. Dr. Mattison gives the details of treatment by the employment of the bromide of sodium which, after a number of years of successful administration, he finds a most valuable remedy. It is his habit to use full and continued doses of the bromide and thereby avoid the pain and torture of immediate withdrawal. In this manner he succeeds in shortening the time usually required when the doses of opium are gradually diminished.

Dr. Mattison's book is worthy of a place in every physician's library. His method of treatment seems to be not only sensible and practical, but one entitled to full confidence.

A Practical Treatise on Diseases of the Kidneys and Urinary Derangements. By Charles Henry Ralfe, M. A., M. D. (Cantab.), Fellow of the Royal College of Physicians, London, etc. Philadelphia: P. Blakiston, Son & Co. 1885. Pp. 566. Price $2.75. For Sale by Cushings & Bailey, Baltimore.

The work before us is designed to present to the student and practitioner a clear, concise and systematic account of urinary pathology and therapeutics based upon the latest ascertained facts and supported by the best authorities. The author has presented the most recent literature of the subject, and has made the work an accurate statement of our present knowledge of kidney and urinary derangements.

The volume is arranged in eleven chapters, with appendices at the end of

the last chapter. Each chapter discusses a distinct subject. Chapter I opens with the General Symptomatology of Kidney Disease; Chapter II is devoted to the Clinical Examination of Urine. Chapter III treats of Diffuse Inflammation of the Kidney, and Chapter IV of Suppurative Inflammation, etc. In this manner the eleven chapters are taken up with the study and presentation of the various diseases of the kidney and morbid conditions of the urine. The book is well arranged and carefully written. It will be found a most useful work to the practitioner.

Miscellany.

Opinions Concerning the Congress. —*Le Proges Médicale* says: "What is not less certain, and not less serious, is, that many American members, who in this country are held in the highest esteem, are estranged from the Congress. Now, if the hope of extending the circle of our acquaintance and of forming new ties is a powerful attraction for us, we will be not the less happy to see again those whose names have been long known to us, and whom we are proud to call our friends. There is no doubt that what disaffects them will cool the ardor of their colleagues in the Old World too much to allow them to trust themselves to the uncertainties of an ocean voyage. We have hopes, however, that our American colleagues will see that the Association does not lose sight of the objects for which the International Congress was originated, and that we shall yet see at Washington a branch of the ancient tree bearing, under a new sun, fruits the more beautiful, because fertilized by fraternal love and the spirit of reconciliation."

The *Deutsche Medicinische Wochenschrift* says: "Whatever may be thought of the value of international scientific and medical congresses, it is certain that the European profession this time would willingly have availed themselves of the invitation of their colleagues in the United States. This, certainly, we can affirm of Germany. As the matter now stands, one may fairly hesitate to attend, since a local result only can be attained. With many there will be little inclination to take part in a Congress to which the 40,000 physicians of the United States are not admitted, but only a small minority of them, inasmuch as the American Medical Associatton in all its branches numbers only 3,000 members. We were well pleased to act under the leadership of Austin Flint and Billings, but we have little confidence in that of Shoemaker, who is merely known to us through his oleates."

The *Med. News* (August 22) says: "Under the title of "Progress of Public Sentiment," the *Journal of the American Medical Association*, in its issue of last Saturday, cheerily states that:

'Evidences are not wanting that the principal performers in the grand comic play of "Much Ado About Nothing," which was commenced so brilliantly on the 29th of June by twenty-eight prominent members of the profession in Philadelphia, are becoming weary of their work. Some who were induced to join in the play from the first impulse have already withdrawn, and others are evidently preparing to follow.

'Dr. John H. Packard, of Philadelphia, who was appointed Secretary-General of the Congress by the Committee of Arrangements at the meeting in Chicago, and whose name was published as one of the twenty-eight who declined to accept any place in the revised organization, has recently withdrawn his declination and accepted the position.'

"We are just informed by Dr. Packard that the above statement, so far as it concerns him, is absolutely false and without foundation, and that he has written to the Editor of the *Journal of the Association* a letter for publication to that effect. While the New Committee has never had any claim to public support, we yet regret that, to stimulate its waning strength, it should still further estrange public confidence by again resorting to the method of wilful misrepresentation to which it owed its birth.

"Under the circumstances it is necessary for the *Journal of the Association*

to present the proof of the correctness of its statement concerning the intentions of other gentlemen before the profession can give to it unqualified belief."

The Third Annual Meeting of the American Rhinological Association, will be held at Lexington, Ky., October 6th, 1885. Papers and Discussion will be devoted exclusively to the Diseases of the Nasal Passages and their sequences.

Officers for 1885.—*President*, P. W. Logan, M. D., Knoxville, Tenn.; *First Vice-President*, A. DeVilbiss, M. D., Toledo, Ohio; *Second Vice-President*, J. A. Stucky, M. D., Lexington, Ky.; *Recording Secretary*, C. A. Sims, M. D., St. Joseph, Mo.; *Librarian*, N. R. Gordon, Springfield, Ill.

Council.—J. G. Carpenter, M. D., Standford, Ky.; H. Jerard, M. D., East Lynne, Mo.; H. Christopher, M. D., St. Joseph, Mo.; E. F. Henderson, M. D., Los Angelos, Cal.

Information concerning the full Programme, Membership, Papers, Attendance, etc., may be learned from any of the above Officers of the Association.

Prolonged Gestation.—Dr. A. H. Crawford, of Buffalo, N. Y., relates the following case as one of presumably prolonged gestation: "Mrs. G——, married six years and the mother of two children, had always, except during pregnancy and lactation, been perfectly regular in her menstruation, the periods extending over a week in each calendar month. She menstruated the last time on June 15, 1884, and from date considered herself to be pregnant. She first felt motion in December, if she remembers correctly, but is certain of having noticed it early in January. The child was not born until June 27, 1885, one year and twelve days from the first menstrual period. The infant was a girl of medium size, with an abundance of hair, but with no other signs of increased development. The mother was a perfectly healthy woman and had no uterine trouble or other condition than pregnancy to account for the cessation of the menses."—*Med. Record.*

Inhalations of Oxygen in Puerperal Eclampsia.—At a recent meeting of the medical section of the Kharkov Society of Experimental Sciences, Professor G. Lashkevitch, in the course of a communication on the therapeutic value of oxygen in neuro-pathology, pointed out that oxygen possesses a considerable power of lowering an increased reflex action, and also made the suggestion that oxygen-inhalations may prove of service in cases of puerperal eclampsia. Acting on the suggestion of Professor Lashkevitch, Dr. V. G. Favr, of Kharkov (*Vratch*, No. 13, 1885), resorted to oxygen in two cases, and obtained brilliant results. The first of the cases was that of a seam-tress, primipara, aged nineteen, who was brought to the hospital in an unconscious state, with cynosis, stertorous breathing, and frequent eclamptic seizures, each of the latter being preceded by a uterine contraction. Warm baths, wet packings, and enemata with chloral-hydrate brought no relief; chloroform-inhalations only slightly controlled the intensity of the convulsive paroxsms. In view of the failure of all these means, oxygen was tried. In five minutes from the beginning of the inhalations, the patient asked for water, and then fell into a quiet sleep of two hours' duration, the pulse descending from 120 to 90 per minute; uterine contractions ceased to be a starting-point for convulsion fits. The latter reappeared each time when the inhalations had been stopped, and again gave place to sleep and quiet on resuming the administration of oxygen. The delivery was accomplished with the help of Barnes' dilators, and of puncture of the membranes. The patient left the hospital on the nineteenth day after the labor, her general health and the state of the kidneys being greatly improved under an appropriate treatment. A second patient, primipara, aged eighteen, was attacked with eclampsia about an hour and a half after the labor. Two severe paroxysms (each of twelve minutes' duration, separated by a free interval of twenty minutes, during which the patient remained unconscious) had occurred before oxygen inhalations could be resorted to. Consciousness re-

turned immediately. Four more paroxysms occurred, but they were considerably milder, and separated by the intervals of absolute comfort; indeed, the patook her tea and dinner between the eclamptic fits. She made a rapid recovery. Encouraged by his success, Dr. Favr enthusiastically invites all professional brethren to give a trial to so simple a weapon against so formidable a foe, and even goes so far as to ardently hope that in a near future oxygen-gasometers will be found in all lying-in hospitals, side by side with forceps, cranioclasts, cephalotribe, and other necessary instruments.—*London Medical Record*, June 15, 1885.

Reduced Iron in the Treatment of Anæmia.—Dr. John W. Martin, of Sheffield, England, states in the *Medical Press and Circular* of December 3, 1884, that for some time he has been using reduced iron in the treatment of anæmia with the greatest success, and thinks that it is one of the most powerful remedies which we possess in restoring the condition of the blood in all anæmic states of the system. He has employed it chiefly in chlorosis, amenorrhœa, chorea and enlargement of the spleen following intermittent fever, and states that with the exception of those cases in which the impoverishment of the blood has been due to nursing, the cases in which he has found this form of iron most serviceable are those of young girls and women of chlorotic tendencies, and in women who have reached the change of life, to whom, beyond an unexplainable failure in the powers of nutrition, no organic disease is discernable. According to him, administration of this drug has been followed by symptoms of improvement within forty-eight hours, and the patients have steadily progressed to convalescence without change of treatment. When a tendency to constipation is present this may be best overcome by the use of the following mixture:

℞. Magnesii sulph., ℥ iiss.
Magnesii carb., ʒ ij.
Tr. nucis vom., ♏ xl.
Sp. amm. aromat., āā ʒ ij.
Tr. cardamomi,
Aq. menth. pip., ad ʒ viij.
M. ℥i bis die.

The iron is usually given in the form of a pill, of which the ingredients and the strength of their dosage may be varied as circumstances may demand. The following prescription is that which he has found most serviceable:

℞. Ferri redact., grs. iiss.
Ext nucis vom., gr. ½.
Ext. quassiæ, q. s.
M. ft. pil. no. xij.

S—One to be taken three times a day at meal times.—*Journ. of Amer. Med. Ass'n.*

Cocainization of the Bladder.—Dr. P. Burns, of Tübingen, records (*Berl. Klin. Woch.*, No. 21) a case of litholapaxy, in which the bladder and urethra had been rendered insensitive by cocaine. The patient had suffered from symptoms of stone for four years, and, on sounding, the stone was found to be hard and rough, and two centimetres and a half in diameter. There was also considerable purulent cystitis. As a preliminary measure the bladder was washed out with boro-salicylate solution; then twenty grammes of a two per cent. solution of cocaine were injected into the bladder, and ten grammes into the urethra. By shifting the position of the patient the contact of the injection with all sides of the bladder was ensured. After a few minutes' interval the bladder was filled with the boro-salicylate solution, and the operation proceded with. Owing to the hardness of the calculus thirty-three crushings were necessary, occupying twenty-two minutes; but during the whole period no pain was felt, although previously the patient had hardly borne the passage of a catheter. During the evacuation pain was experienced each time the bladder was distended, but the anæsthesia had lasted for half an hour. Finally, a small quantity of a ten per cent. iodoform glycerine solution was injected, with a view of protecting the abraded bladder from purulent absorption. The calculus, which was of the oxalate mulberry variety, weighed four grammes. A speedy recovery ensued.—*London Lancet.*

Glycosuria in Phthisis.—Dr. M. Greenwood, in the *Briitsh Medical Journal*, June 13, writes the following concerning his observations on this subject, which may prove valuable if observation is continued and a number of cases are recorded.

"For some time past I have frequently found sugar in the urine of phthisical patients. At first I thought this was but a coincidence, but latterly have begun to ask myself the question whether, in advanced phthisis, sugar is not invariably present in the urine. During the last three months, of five patients who died with the disease, I only failed to find sugar in one case, and in that there was probably extensive kidney disease, as was shown by dropsy with albuminuria. The test I have always employed has been Fehling's, and the chief disturbing element in my analysis has usually been the presence of abundance of lithates. My results, however, I have often checked by testing in the same way some other samples of urine rich in lithates, where I did not suspect surgar, and comparing carefully the results obtained from each. I have referred to numerous works on medicine, but can find no account of any glycosuric tendency in phthisis, so that I should be glad to learn if my observations that have been noted previously are merely accidental, or the results of error of analysis. I may add that I have often discovered sugar in the urine in cases of respiratory embarrassment from acute pulmonary disease, as, for instance, in severe cases of bronchitis, and in pleurisy with effusion. In these, however, there has always been an excess of lithates."

A Tonic for Children.—Dr. W. B. Atkinson (*Med. World*, May) recommends the following as an excellent tonic for children:

℞. Potass. Bromide, gr.j,
Acid Phosph., dil.,
Tr. ferri Chloridi, aa ʒij,
Syr. lemonis,
Aquæ dest., aa ʒiss.

M. Sig.: A teaspoonful every four hours, for a child from three to five years old.

A Case of Prurigo.—After having made a special study of prurigo, both macroscopically and microscopically, in Vienna and Prague (vide *American Journal Medical Sciences*, October, 1883), it was with a great deal of interest that I returned to America, thinking to investigate why the disease was so seldom reported in this country. I had been told on the other side—and it is hinted at in various German authors, *e. g.*, Auspitz, Kaposi, Pick, et al.—that it was probably due to the fact that the disease was not recognized in America. So I have been hunting for two years like Diogenes among the patients of a large clinic for an honest case of prurigo. In all this time I have only seen one case of prurigo simplex. It was that of a young man, æt. 23, born of German parents in this country, who never remembered the time when he did not have to scratch himself, night and day, upon his legs, arms, and abdomen. The skin of the extensor surfaces of the arms and legs, as well as that of the abdomen, was parchment-like, dirty-brown in color, slightly excoriated in places, with many isolated small papules scattered about, which were more perceptible to the touch than to sight. The skin felt, when the fingers were passed over it, as if a fine nutmeg grater had been placed underneath of it. The glands of the groins, as well as in other places, were enlarged. The diagnosis seemed to admit of no doubt; from the situation of the disease, the usual prurigo history, and its general appearance. The man in other respects was perfectly healthy and well developed. The disease worried him more because his fellow-workmen ridiculed his scratching than because the act of scratching was necessary. After coming twice to the dispensary he appeared no more. My assistant, Dr. Keyser, kindly hunted him up, and he was to have been presented to a medical society, but when the time came, he failed us.—*Dr. R. B. Morison, of Balto., in Journal of Cutaneous and Venereal Diseases*, July, 1885.

Nearly one hundred citizens of Los Angelos, California, favor the organization of a cremation association.

The British Medical Association.—The *Lond. Med. Times*, in its issue of August 1st, refers in the following language to the British Medical Association by way of contrast with the American Medical Association:

"The large class of practitioners who are in the British Medical Association, but not of it, must regard that body with somewhat mixed feelings. As in the case of a colossal building, its very bulk reconciles one to details, the good taste of which in a smaller affair would be open to doubt. Its financial success is another element in its favor, for nothing turns the sharp point of criticism like a big balance at the bank. Again, it must be admitted that, except for occasional lapses, both the Association and the Journal, which forms its chief *raison d'etre*, have been conducted with a discretion amounting almost to genius. The lamentable muddle into which the sister Association in the United States has thrown the medical profession in that country, has come upon us as a revelation, to make us grateful for the policy which has kept our own Association free, on the whole, from the machinations of self-seeking wire-pullers, and has kept a sufficient place of honor for the scientific leaders of the profession. Reading of what has recently happened across the Atlantic, we ought to be thankful that the powers of our own Association have not been abused, as they might have been, to the forcing upon us of leaders whose only claim to leadership is skill in the lobby. An Association, again, which can tolerate homœopaths upon its roll, contrasts very favorably, in respect of discretion and liberal feeling, with one which, like the American Association, ostracises regular practitioners simply for claiming the individual liberty of holding consultation with whom they please."

Nephrectomy and Nephrolithotomy.—On July 25th, Mr. Knowsley Thornton pertormed abdominal nephrectomy for cystic kidney at the Samaritan Free Hospital. The patient, aged 22, had been under the care of Mr. Manley Sims. A drainage-tube was inserted into the loin, and removed on the second day; the patient is now convalescent. On July 27th, the same operator removed a smooth calculus, weighing two ounces, from the left kidney of a young woman who had been under the care of Dr. George Johnson. The case was supposed to be an instance of strumous kidney in its earliest stage, and the operation was commenced as in abdominal nephrectomy; but, as soon as the kidney could be touched, it was found to contain a stone, and strong adhesions prevented its removal. The calculus was therefore extracted, and a glass tube placed in the abdominal, and an India-rubber tube into the lumbar incision.—*Brit. Med. Journ.*

The Use of Ergot during Labor.—Säxinger, of Tübingen ("Dtsch. med. Wchnschr."; "Ctrlbl. f. Gyn."), defends the use of ergot during the expulsive stage of labor, provided the head is low in the pelvis, and even in cases of contracted pelvis, after the head has become fully molded. He quotes Schatz to the effect that ordinary doses simply increases the frequency of the uterine contractions, without making the individual pains stronger. At Seyfert's clinic, for the past three years, he has observed excellent results from the use of an extract recommended by Dr. Denzel, which is said to contain none of the active principles but sclerotinic acid, ergotin, and ecbolin. Rather more than a grain and a half of this extract may be considered the equivalent of fifteen grains of powdered ergot. The author thinks that the use of ergot during labor will be recognized as legitimate so soon as a preparation free from deleterious constituents becomes generally available.—*N. Y. Med. Journ.*

Cicatrization.—To Promote—To a granulating surface, Prof. Gross applies the following:

℞.	Acidi nitrici,	ʒj.
	Pulv. acac,	ʒss.
	Aquæ,	Oj.

Or

℞.	Ung. hydrarg. nit.,	ʒj.
	Adipis benzoat.,	ʒx. M.

These are used to promote rapid cicatrization.—*Col. and Clin. Record*, June.

Treatment of Asthma by Pyridine.—Prof. Germain Sée, with his wonderful talent for work, has a new treatment of asthma of the two forms that he calls "nerve-pulmonary" and "cardiac," by pyridine. In regard to the action of pyridine Dr. Sée concludes as follows, for the two forms of asthma mentioned: "In any form of asthma, if it be primordial and of a gouty or herpetic origin, iodide of potassium is the remedy. When iodism has come on, then the pyridine finds its sphere, and it ought to be considered as the best means of curing all attacks of iodism; but the iodine is the real remedy. Pyridine is much superior to morphine. Its action in injection is much more durable and very much less dangerous. In asthma of the nerve-pulmonary type the attacks can be made to stop at once by this means. For asthma complicated with grave pulmonary lesions the treatment should be kept up for at least a week, to insure the effect. In cases of the cardiac form pyridine renders great service in preventing that most annoying symptom, the sense of oppression."—*Med. Times.*

The Palliative Treatment of Epithelioma of the Cervix Uteri.—Biddle (*Brit. Med. Journ.*) speaks highly of injections of corrosive sublimate and glycerin in cases of epithelioma attended with great pain. He uses a quarter of a grain of the sublimate to half an ounce of glycerin. This is added to a pint of water for an injection into the vagina, to be used twice a day. The anæsthetic, as well as antiseptic, properties of this solution are said to be great.—*N. Y. Med. Journ.*

Public Health in North Carolina.—Among the amendments to the North Carolina State Board of Health law, passed at the last session of the Legislature, was one providing for an emergency fund of $2,000, to be used under the direction of the re-organized board, should cholera or any other epidemic disease, dangerous to the public health, make its appearance. The sum of $2,500 was also set apart to defray the expenses of the board. Health officers have been appointed in the several counties of the State, and through their agency, with the help of the people, nuisances are being abated, and as far as the paltry fund will allow, the work of organization and equipment goes bravely forward. Dr. J. W. Jones, of Tarboro, is President, and Dr. Thomas F. Wood, of Wilmington, is Secretary of the re-organized board.—*The Sanitary Monitor.*

Danger from Phthisical Farm Laborers.—The Paris correspondent of the *British Medical Journal* of May 16th relates the following interesting case of the infection of animals by the tuberculous sputa:

"A farm at Charenton has furnished somewhat startling evidence of the transmissibility of tuberculosis from man to domestic animals. One of the farm servants, who was phthisical and too weak to undertake fatiguing duties, was placed in charge of the poultry yard. He grew steadily weaker, and weaker, and coughed incessantly, expelling a quantity of sputa, which the fowls were observed to swallow with avidity. In a few weeks the fowls began to die off. The owner of the farm sent one of the fowls to the veterinary school at Alfort. M. Nicard found the lungs and liver were infested with tubercles about the size of a pea, and of a greyish color. In a microscopic preparation there were numbers of bacilli. The fowls were killed, and poultry yard disinfected. A less honest farmer might have sent the tuberculous fowls to market.

The danger attending the consumption of diseased poultry or milk from tuberculous cows, indicates that a rigorous system of inspection ought to be organ ized for markets, farms, and poultry yards."

Extemporaneous Examination of Woman's Milk.—Dr. Hélot, in the *Union Médicale de la Seine Inférieure*, recommends a simple method of determining the quality of human milk. He undoubtedly accords superiority to chemical analysis, but as this process is so long and difficult the common practice

has been to rely upon the appearance of the milk. Dr. Hélot's method consists in comparing the number of drops in a given volume of distilled water at 60° F. with those of the same volume of milk. Good milk, such as produces a mean increase of an ounce per day in the child's weight, gives thirty-five drops in the same volume which, of water, gives but thirty. If the milk be of superior quality the volume may yield as high as thirty-eight drops. If, on the contrary, but thirty-three or less are obtained, the milk should be mistrusted. Both breasts should be examined while nursing is going on.—*Med. Record.*

Explosive Physic.—The *Brit. Med. Journ.* says: A list has just been published, in the *Union Pharmaceutique*, of accidents which have recently occurred during the preparation or carriage of explosive substances used in medicine. At Strassburg, a chemists was changing some lycopodium powder from one bottle to another; the particles that escaped mixed with the air, a jet of gas was burning, and a slight explosion occurred. The frightened assistant dropped the jar containing the lycopodium, the room was at once filled with the powder, and a violent explosion took place. Chlorate and permanganate of potash are also dangerous. M. Meyer has stated that a tooth-powder composed of chlorate of potash and cachou has been known to explode in the mouth of a person engaged in brushing his teeth. A druggist who dried some hypophosphite of lime in a receptacle containing sand was killed by its explosion. Oxalate and citrate of lime are also explosive, but at a high temparature. Pills of permanganate of potash have been known to explode spontaneously. A mixture of perchloride of iron and glycerin exploded in the pocket of a patient who carried it. An eminent chemist at Paris prepared ozone with powders composed of equal parts of peroxide of manganese, permanganate of potassium, and pulverized oxalic acid. He took every recognised precaution, and the mixture was corked up in a bottle; a few minutes afterwards an explosion took place, and the bottle was reduced to atoms.

Unusual Case of Fatal Peritonitis.—The following case, which Dr. Norman Reid reports in the *Brit. Med. Jour.*, May 30, 1885, is sufficiently out of the ordinary run to warrant reproduction:

At 10 p. m. he was summoned to a man, with the following history: He was fairly temperate in habits, and had always enjoyed good health, with the exception of a slight attack of dysentery three years ago; he, however, since suffered from dyspepsia and constipation, necessitating care in his diet. He had, a short time before he saw him, eaten freely of veal, mince pie, plum pudding, etc.; and, shortly afterwards, was seized suddenly with intense pain in the abdomen. When he saw him, he was doubled up in great agony, and pressing his abdomen. Examination revealed nothing save great pain and tenderness in the umbilical region. He gave an inhalation of chloroform, and a hypodermic injection of half a grain of morphia. The next morning, when he saw him, he had symptoms of peritonitis; he died the same evening. The necropsy showed three strictures of the small intestine (jejunum): in front of the third was a perforation at the site of an old cicatrized ulcer. Through this perforation, about a dozen currents had escaped into the peritoneal cavity. The case is interesting from the difficulty of making an immediate diagnosis, and also from the unusual position of the ulcers and strictures. It would be interesting to know, if this lesion could have been diagnosed, what good, if any, might have been done by abdominal section.—*Med. and Surg. Reporter.*

Medical Items.

Drs. A. Reeves Jackson, H. M. Lyman, N. Senn, C. T. Parker and James Nevins Hyde, of Chicago, have resigned from the Congress.

How Great Minds Differ.—The Louisville *Med. Herald* says the American Medical Association is "one of the greatest medical organizations that the world has ever known."

The Mississippi Valley Medical Society will meet at Evansville, Indiana, on September 8, 9 and 10, 1885.

Drs. Middleton Michel, F. Peyre Porcher and F. L. Parker, of Charleston, S. C., decline to hold positions in the Congress as now organized.

During the year 1884 over 20,000 people were employed on the Panama Canal. The total mortality was at the rate of 51.8 per cent. during the year.

Dr. Thos. F. Wood, of Wilmington, N. C.; Dr. J. Rufus Tyson, U. S. N., and Dr. Alfred A. Woodhull, U. S. A., have declined to serve in the positions to which they were appointed by the Chicago Committee.

The next annual meeting of the American Public Health Association will be held in Washington, D. C., during the second week in December. The meeting promises to be the most successful one the Association has ever held.

It is said that ex-Surgeon General Wales of the Navy, will not rest satisfied with the recent verdict of the court-martial, which found him guilty of inefficiency in office, but that his counsel will appeal the case to the Supreme Court.

Sir James Paget, a former President of the International Medical Congress, and Sir William MacCormack, a former Secretary-General, have written letters condemning the action of the American Medical Association in introducing the "Code" question into the organization of the Congress.

Baron Leon von Leuval, of Nice, has offered a prize of 3,000 francs for the best instrument, constructed on the principle of the microphone, for assisting the faculty of hearing for deaf people. The instrument must be one that can be conveniently carried about.

It is said that there are at present at the various German universities no fewer than 157 professors between the ages of 70 and 90. Of these 122 deliver their lectures as usual. The oldest is the veteran Von Ranke, the historian, who is now in the 90th year, but is not considered fully equal in vigor, memory and other faculties to Professor Elevenich, who is thirty-nine days his junior.—*Boston Med. and Surg. Journ.*

Dr. H. P. C. Wilson, of this city, who is now enjoying his vacation in Europe, attended the late meeting of the British Medical Association at Cardiff and was elected a member of that Association. Dr. Wilson writes that he has been very hospitably received and entertained by the profession in Europe.

The *Med. Record* suggests that as the old advice, "Go West," seems to be losing its force as applied to physicians, the coast of Mexico, the Argentine Republic and the Congo Free State offer special inducements to young medical men, and quotes from the *Lancet* the statement that the New Free Congo State is an open field for medical missionaries.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE for the week ended Aug. 22, 1885.

Bailhache, P. H., Surgeon. Granted thirty days leave of absence. August 15, 1885. *Chairman* of Board to examine candidates for appointment as Cadet in the Revenue Marine Service. August 19, 1885.

Irwin, Fairfax, Passed Assistant Surgeon. Recorder of Board. August 19, 1885.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY during the week ending Aug. 22, 1885.

Drennan, M. C., Surgeon. To temporary duty at Annapolis, Md., as member of Board for physical examination of candidates for admission to U. S. Naval Academy.

Simon, W. J., Surgeon. To temporary duty at Annapolis, Md., as member of Board for physical examination of candidates for admission to U. S. Naval Academy.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Aug 18, 1885, to Aug. 24, 1885,

Stephenson, Wm., First Lieutenant and Assistant Surgeon. Granted leave of absence for one month, to take effect Sept. 1, 1885. (Ft. Niobrara, Nebraska).

Black, C. S., First Lieutenant and Assistant Surgeon. Upon return of troop F. and L. Third Cavalry, to Fort Davis, Texas, to rejoin his proper station, Ft. Clark, Texas.

McCaw, W. D., First Lieutenant and Assistant Surgeon. Having reported back at these headquarters from detached service, ordered to rejoin his proper station, Ft. Lyon, Colorado.

Selected Article.

ON FEEDING THE SICK.*

ADDRESS IN THERAPEUTICS.

BY W. ROBERTS, M.D., F.R.C.P., F.R.S.,

Consulting Physician to the Manchester Royal Infirmary, Professor of Medicine in the Victoria University.

Mr. President and Gentlemen:—My first duty is to express my acknowledgments to the Council of the Association, and to the South Wales and Monmouthshire Branch, for the honor they have done me in inviting me to deliver the Address in Therapeutics. This is, I believe, the first occasion in the history of the Association on which, from the wide domain of medicine, that portion which deals with the treatment of the sick has been specially selected as the theme of an address at the annual meeting. The subject of therapeutics is so large and complex, that to deal with it comprehensively within the compass of an hour's address would be beyond my powers. Such an attempt, even in much abler hands than mine, could scarcely issue otherwise than in the enunciation of a series of barren generalities which would edify no one. I therefore felt, as soon as I came to consider the matter, that the most prudent course for me, and the one most likely to prove interesting to you, was to confine myself to a very limited area in the field of therapeutics, and to endeavor, within that area, to say something which might prove of use in the daily practice of your profession.

Perhaps, of all the many duties which fall to the province of the medical practitioner, there is none so common as the duty of regulating the diet of his patients. Whatever the disease may be from which the patient is suffering, and whatever special means may be indicated for his relief, the regulation of the diet is sure, sooner or later, to crop up as an integral part of the management of the case. Dietetics, therefore, cover more ground than any other branch of the healing art—they are also, perhaps the most ancient branch. Hippocrates traces back the very origin of medicine to dietetics. "For," he says, "the art of medicine would not have been invented at first, nor would it have made a subject of investigation, if, when men are indisposed, the same food, and other articles of regimen which they eat and drink when in good health, were proper for them, and if no others were preferable to these." Notwithstanding this universal applicability, and this high antiquity, it must, I think, be allowed that dietetics, except in a few special cases, are somewhat neglected in these days. The often contradictory advice which is tendered to invalids in regard to their diet by the several medical men whom they may consult, betrays the want of a guiding principle, and of a general consensus of opinion in the medical profession on the subject of feeding the sick. This is, perhaps, not to be wondered at when it is considered how little systematic study is devoted to dietetics, and how fragmentary is the instruction on this subject which is given to the student of medicine. So far as I know, there is no systematic teaching of dietetics, even on the most limited scale, afforded to the student at any of medical schools. He is left to pick up his knowledge of this subject, as best he may, during the earlier years of his practice; and he often ends by taking his own digestive organs as his type, and prescribes for his patients according to the likings and dislikings of his own stomach. This is, I need hardly say, a very unsatisfactory proceeding; for there is, perhaps, no subject in which individual experience is so fallacious a guide as dietetics, and none in regard to which it is more important to draw our inductions from a wide basis of facts.

The first pre-requisite for the acquisition of a sound knowledge of the dietetics of the sick, is to have clear ideas on the origin and meaning of the dietetic customs of the healthy; for it is obvious that the proper diet for the sick must be some purposive modification of the diet of the healthy. We have, perhaps, been too much inclined to seek, or to seek too exclusively, in the physiology of digestion and nutrition for our guiding principles and our point of departure in the study of dietetics. I doubt whether this

*From the *British Medical Journal*, Aug. 1, 1885.

is always, or even generally, the best starting-point. There are problems in human dietetics which appear to be beyond the reach of physiological research. What conceivable physiological inquiry, for example, could throw light on such problems as the following? What are the remote effects of the use or disuse of meat, or of alcoholic beverages, or of tea and coffee, on the bodily health and mental attributes of the individual, and on those of his descendants in succeeding generations? And such questions are certainly, as I believe, involved in a comprehensive study of dietetics. On the side of natural history, it seems possible to approach such questions with some hope of success. For if we had the information, and could compare the mental and physical condition of the classes and nations which use these articles systematically with that of the classes and nations which abstain from them, the elements of a solution would seem to offer themselves.

I venture, therefore, to say that the science of dietetics must be mainly based and built up on an observation and a study of the practices and customs of mankind in regard to their eating and drinking, rather than on any *a priori* data supplied by physiology. In the case of the lower animals, we assume that each creature selects, from the nutrient materials within its reach, those articles which are most suited to its well-being, and are best fitted to promote its success in the struggle for existence, and that it is guided in this selection by an almost unerring instinct. This, like other instincts, is now explained by biologists as consisting essentially in an inherited experience, which has been gradually accumulated through a long line of ancestors, and is transmitted by heredity to the descendants. Accordingly, when we see an animal feeding on a particular kind of food, we conclude, without hesitation, that that food is, of all the nutrient materials accessible to it, the best adapted for the special wants of its economy. But we know that man, in regard to his bodily functions, is subject to the same laws as govern the life of the lower animals; and we cannot doubt that, in the formation of his dietetic habits, man is guided by the same kind of instincts as those which guide the rest of the animal creation in the choice of their food.

The generalized food-customs of mankind are therefore not to be viewed as random practices adopted to please the palate, or to gratify an idle or vicious appetite. These customs must be regarded as the outcome of profound instincts, which correspond to important wants of the human economy. They are the fruit of a colossal experience accumulated by countless millions of men in successive generations. They have the same weight and significance as other kindred facts of natural history, and are fitted to yield to observation and study lessons of the highest scientific and practical value.

In taking dietetic customs as objects of study, it is obvious that widely disseminated customs, followed by many races and by vast masses of population, have a deeper and broader significance than customs limited to a few races or to small communities. It is also obvious that the practices of the more successful races, and of the easier classes of a nation, are more likely to yield good dietetic models than the practices of backward races or of the poorer classes; because the former, owing to their ampler means, have greater freedom of choice, and because also their greater success in the struggle for predominance is *prima facie* evidence of the beneficial tendency of their food-habits. I need hardly say that dietetic customs which are not the outcome of the free choice of the population, but are the consequence of legislative enactments or of religious injunctions, are of no utility as guides in the study of dietetics—except, indeed, as warnings of the mischief that may accrue from ignorant meddling.

The British races and the other races of Western Europe, together with their kindred and descendants in different parts of the globe, are, on the grounds just stated, fitted to supply us with a body of dietetic customs which may be regarded as a beneficial model. These races and nations are in every way, but

especially in intellectual power, and in their productiveness of men of originality and eminence, far in advance of all others. Their food-customs have grown up spontaneously, without material interference from legislator or religious reformer. Their world-wide commerce has brought cheaply to their doors the products of every land and every clime, and has enabled them to exercise a greater freedom of selection than has been possible to any other races.

The salient characteristics of the diet of the Western nations may be expressed in a few words. It consists partly of cereal and leguminous and other farinaceous articles, and of green vegetables and fruit, and partly of the various forms of animal flesh. The systematic use of alcoholic beverages is universal among them; and they consume, in large quantities, tea, coffee, or cocoa, or all three.

It is important to remark that the main dietetic customs of a country grow up and are established, for the benefit of the robust and healthy, of the sober and temperate, and those of mean or average constitution; in other words, for those who are bearing the burden of the day, and fighting the battle of life. These form the great mass and bulk of the adult population, upon whose bodily and mental efficiency national progress and ascendency depend. A good many individuals, and even entire families, may not find these customs, in certain particulars, beneficial to their exceptional tendencies or weaknesses; they may even find in them a source of destruction to their health and life; but here, as elsewhere, and indeed universally in Nature's operations, the individual is sacrificed to the welfare of the community:

> So careful of the type she seems,
> So careless of the single life.

Alongside the main dietetic habits formed for the operative mass of the community, there are secondary habits formed for the use of infants and children, and for persons advanced in years.

With regard to infants and children, we observe that they are not allowed to partake of the accessory articles of food which form so conspicuous a part of the dietary of their elders. They are allowed neither the use of alcoholic beverages, nor of tea and coffee—except gradually as they draw towards adult age—but are fed on simple nutrients, milk, cooked cereals, and more or less meat.

With advancing years, the diet undergoes a certain modification; the consumption of meat is, I think, somewhat lessened, and the consumption of soups, milk, and cooked cereals proportionately increased. With regard to alcohol, this modification of diet seems to vary with the preceding practice of the individual. Persons who have been in the habit during their prime of taking a full allowance of stimulants, gradually diminish the proportion as age creeps on, and their nutritive processes decline in elasticity and power. Sometimes the indications of this natural tendency are neglected or resisted by the unwary; they imagine that the quantity of stimulants they tolerated with impunity during the vigor of manhood, cannot hurt them in later life. This is a serious mistake, the commission of which tends to accelerate senile decay, and to provoke fatally tending organic changes in the large organs of the body and in the arterial system. On the other hand, persons who, during their youth and prime, have only used alcohol occasionally, or have abstained entirely from it, find advantage in their declining years in a more systematic use of alcoholic beverages.

There is a clear difference, also, to be discerned in the dietetic habits of the two sexes. There are no available statistical data to go upon, but, from common observation, we cannot fail to note that men eat much more meat than women. Probably we should not err in estimating that two-thirds of the meat brought to market is eaten by men, and only one-third by women. In regard to alcohol, the contrast is still more marked. My impression is that, in this country, three-fourths, if not four-fifths, of the alcohol consumed is consumed by men, and only one-fourth or one-fifth by women. This difference is consonant with our experience as medical men that women are more sensitive to the effects of alcohol than men, and are more easily injured

by the excessive use of it. On the other hand, the consumption of tea and coffee, but especially of tea, is markedly more abundant among women than men. The comparison is completed when we add that women consume, in proportion to the totality of their food, more milk and more bread than men do.

It would not appear to be a wise proceeding to depart capriciously, and without clear reason, from the general dietetic customs of the country. We may be quite sure that the use of meat, and of alcoholic beverages, and of tea and coffee, subserve some useful purposes to the human economy, though we, in our ignorance may not be able to specify them with precision. These customs are the spontaneous outcrop of natural instincts, and the fruit of an immense experience, and the sanction they derive therefrom constitutes an incomparably higher authority than the opinion of the wisest amongst us.

Nevertheless, differences of constitution and personal idiosyncrasies have to be reckoned with; and there are frequently solid, indeed paramount, reasons why individuals should, in some particular or other, depart from the general dietetic plan. I have known a few natural-born vegetarians who have had a lifelong distaste for meat. Some persons are intolerant of tea, others are intolerant of coffee. It is, however, with respect to alcohol that the most important deviations from the mean type of constitution occur. Some persons are made uncomfortable by the most sparing use of alcoholic beverages, either through their life or at some epoch of it. A good many, also, are wanting in that self-control which is necessary to the salutary use of this stimulant. These peculiarities or idiosyncrasies must be attended to. It may be regarded as certain, as a very general rule at least, that any food or food-accessory, the use of which is followed by a sense of discomfort, is not beneficial to that individual. Persons who are unable to take alcohol in moderation should, on pain of loss of health and life, refrain from its use—for them it is easier to abstain than to be abstemious.

These general considerations, as furnishing the natural ground-work of dietetics, should be kept steadily in mind in dealing with the practical questions which arise in feeding the sick. We may distinguish in a rough sort of way the patients who seek our aid in the matter of diet into two classes, namely, first, those who are able to take and to digest solid food, and to conform in the main with the general dietetic habits of of healthy people; and secondly, those more seriously sick, who can take little or no solid food, and must be fed on a plan deviating usually from the common custom.

FEEDING THE SICK WITH SOLID FOOD.

The great majority of our patients belong to the former class, and are able to use the ordinary diet. They consist of invalids who are suffering from various ailments of the slightest sort, or from some more serious disease which does not interfere radically with the digestive functions. In regard to all these, I take it that (except in special cases, which I do not purpose to consider) it is a sound canon of practice to adhere to the main features of the current dietetic habits, and avoid teasing our patients with irksome and needless restrictions for which we cannot give a clear reason. Diversity and variableness are marked characteristics of the dietary of the leading races of mankind, especially among the easier and more successful classes. The multifariousness of our eating and drinking is something very remarkable, and contrasts strongly with the monotonous fare of the less advanced races, and of the lower animals. Scarcely any two of our meals are exactly alike. Not only do the several daily meals—breakfast, dinner, etc.—differ from each other, but the breakfast or dinner of one day usually differs more or less from the corresponding meal of another day. This variableness or diversity, we cannot doubt, fulfils some useful purpose beyond the mere gratification of the palate. It may therefore be inferred, that to prescribe a monotonous regimen is to contravene a beneficial rule, and to depart from a salu-

tary principle in human dietetics. We know that a healthy man soon rebels against a daily repetition of the same dishes, however wholesome and savoury; much more an invalid, with weak appetite and feeble enjoyment of his meals, who craves for more change and variety than the robust.

Another part of our duty is to study the peculiarities and idiosyncrasies of the invalid's stomach. Our stomachs are as nearly as individual as our faces, and are very peremptory in regard to their likings and dislikings. In adapting diet to these idiosyncrasies, it is, however, a good rule, as far as practicable to lessen the quantity of the offending articles rather than to forbid them altogether; or, if they must be forbidden, to provide in their place substitutes of kindred nature. The practice of forbidding fresh vegetables and fruit is especially open to objection. These articles, in addition to their use in promoting the peristalic action of the intestine, have important antiscorbutic virtues; and although in these days, and among our own people, we almost never meet with fully developed scurvy, we are probably, without knowing it, often in the presence of incipient or larval scurvy. As there is a pre-arthritic stage of gout—a dietetic disease at the opposite pole of the feeding scale—so likewise, we may presume, there is a pre-hæmorrhagic stage of scurvy. I have sometimes observed the existence of a low standard of health, without any very definite symptoms, which I could only attribute to a too protracted abstinence from fresh vegetables and fruit. I think it is possible to go too far in humoring a capricious stomach; and that, in persons of a hysterical and neurotic constitution, a too indulgent consideration for the ease of this organ may entail disadvantages in regard to the general nutrition of the body, and produce effects which, in the long run, tend to lower the level of health, and even to aggravate that gastric sensitiveness which we are seeking to abate.

I need hardly say that due mastication and cooking of the food are essential to easy digestion. Perfect cooking is especially important in regard to farinaceous articles and fresh vegetables. These are often imperfectly cooked, and thereby rendered difficult of digestion by invalids. The bad reputation of potatoes and pastry in regard to digestibility is chiefly due to the fact that they are often imperfectly cooked.

A matter of considerable interest and importance is the regulation of the accessories which we use with our food. The chief of these are the various kinds of alcoholic beverages, and tea, coffee, and cocoa. These articles are usually taken with meals, and they mingle in the mouth and stomach with the food, and thereby directly complicate the task of the digestive organs. In the course of last year, I subjected the effects of these accessories on salivary and peptic digestion to a somewhat extended experimental inquiry. The time at my disposal will not permit me to lay before you the details of these experiments; but, as they will be shortly published, I may ask you to take them for the present on trust, and to allow me to indicate some of the conclusions and lessons which appear to be derivable from the inquiry.

In studying the influence of our food accessories on digestion, it is necessary to distinguish sharply between their action on the chemical processes, and their action on glandular and muscular activity. These two actions are quite distinct, and generally opposed to each other; for, while all the food-accessories were found to exercise a more or less retarding influence on the speed of the chemical process, some, if not all of them, exercise a stimulating influence on the glands which secrete the digestive juices, and on the muscular contractions of the stomach. It is, also, necessary to distinguish between the effects of the food-accessories on salivary digestion, and their effects on peptic digestion, inasmuch as wide divergencies were found to exist in this respect.

The distilled spirits—brandy, whisky, and gin—were found to have but a trifling retarding effect on the digestive processes, whether salivary or peptic, in the proportions in which they are commonly used dietetically. Their obstructive effects only became apparent when used in quantities which approached in-

temperance. Taking this in conjunction with the stimulating action which they exercise on the glands which secrete the digestive juices, and on the muscular activity of the stomach, their effect in these moderate dietetic proportions must be regarded as distinctly promotive of digestion.

Wines and malt liquors exhibited an action differing considerably from that of ardent spirits. Wines were found to be highly inimical to salivary digestion. Even very small quantities of sherry, claret, hock, or champagne, inhibited the action of saliva on starch to a very high degree. This is due to the considerable acidity which all wines possess. When this acidity was neutralised by the addition of an alkali, the inhibitory effect of wines on starch-digestion was entirely removed. It is a common practice, as you know, to mix wines—especially sherry, claret, and hock—with soda, seltzer, or some other effervescent table-water. These waters all contain a charge of alkaline carbonate, and it was found that, when wines were thus mixed, they ceased to embarrass salivary action. This practice may, therefore, be looked on as highly commendable in the case of persons of weak digestion.

On peptic digestion, wines exhibited a retarding effect altogether out of proportion to the alcohol contained in them. Both the stronger and lighter wines, except in very moderate proportions, checked the speed of peptic digestion. In the customary dietetic use of wines with meals there is, probably, a double action; on the one hand, a stimulating action on the secretion of gastric juice, and on the muscular contractions of the stomach; and, on the other hand, a retarding effect on the speed of the chemical process. In the case of persons of weak digestion, wines should be taken sparingly, and the quantity so adjusted as to bring out their stimulating action without provoking the retarding effects which follow their more liberal use. Champagne was found to have a distinctly less retarding power than an equal volume of claret or hock. This I judged to be solely due to the mechanical effects of the effervescence and liberation of gas, whereby a more efficient stirring up of the digesting mass would be effectuated. Effervescent wines, therefore—other things being equal—favor the speed of peptic digestion more than still wines.

The effects of tea, coffee, and cocoa exhibited some interesting diversity. It was found that tea had an intense inhibitory effect on salivary digestion; even in very minute proportion, it completely paralysed the action of saliva. On the other hand, coffee and cocoa had only a slight effect on salivary digestion. The inhibitory action of tea on saliva was found to be due to the large quantity of tannin contained in the tea leaf. Some persons have supposed that by infusing tea for a very brief period—two or three minutes—the passage of tannin into the beverage could be avoided. This, however, is a delusion. Tannin is one of the most soluble substances known; it melts like sugar in hot water. One gentleman of my acquaintance, in his horror of tannin, was in the habit of preparing his tea by placing the dry leaves on a paper filter, and simply pouring on the boiling water. In this way, he thought to avoid the presence of tannin in his tea. But if you try the experiment, and allow the product, as it runs through the filter, to fall into a solution of perchloride of iron, you will find that an intense inky-black coloration is produced, showing that tannin has come through in abundance. You can no more have tea without tannin than you can have wine without alcohol; and I found, experimentally, that tea infused for two minutes had almost exactly the same inhibitory effect on digestion as tea infused for twenty or thirty minutes. If you wish to mitigate the effects of tea on salivary digestion, you should direct the patient not to sip the beverage with the meal, but to eat first and drink afterwards, In this way, time is given to the saliva to perform its functions unhindered. Another device is to introduce a pinch of carbonate of soda into the tea-pot; this removes the deterrent effect of tea on salivary digestion; it is a practice occasionally followed in some households, under the idea that soda helps to extract the virtues of the tea-leaves. It was

found that the addition of so small a proportion as one per cent. of the weight of the dry tea greatly mitigated its injurious effect on starch-digestion, and that twice this quantity (two per cent.) almost entirely removed it. This latter proportion corresponds roughly to ten grains ef bicarbonate of soda to an ounce of tea-leaf.

The effects of tea, coffee, and cocoa on peptic digestion were found to be as nearly as possible alike for infusions of equal strength. All three exercised a retarding effect, when their proportion in the digesting mixture rose above 20 per cent. These beverages should, therefore, be taken very moderately by persons of weak digestion. The good reputation of cocoa in regard to digestion seems to be wholly due to the fact that it is used in weaker infusions than tea and coffee. The directions for the preparation of this beverage, printed on the packets of cocoa sold in the shops, indicate a strength of about two per cent.; whereas a medium of tea is usually made of a strength of four to five per cent., and a medium of coffee of a strength of five to seven per cent. The strong coffee which it is customary to hand round after dinner must have a powerful retarding effect on gastric digestion; and, although this practice may be salutary to robust eaters, it is not to be recommended to those of feeble peptic power.

(*To be Continued.*)

THE TREATMENT OF ACUTE NEPHRITIS.—Aufrecht (*Berl. Klin. Woch.; Lyon Med.*) advises the greatest caution in medication, and particularly the avoidance of diuretics and diaphoretics; at the most, he uses iron to combat the anæmia only after the lapse of several weeks. At the outset the patient must keep his bed, and be allowed only a minimum of nitrogenous food. Light vegetables are to be preferred, and it is only at the end of a fortnight that milk and broth are allowed. He cites the case of a child with scarlatinal nephritis, who recovered under this treatment, although there had been suppression of urine for eighty hours.—*N. Y. Med. Journ.*

Society Report

THE ANNUAL MEETING OF THE AMERICAN DERMATOLOGICAL ASSOCIATION.

HELD AT GREENWICH, CONN., AUG. 26, 27 AND 28, 1885.

(*Specially Reported for the Md. Med. Journ.*)

This was the largest and in many respects the most successful meeting of this Association ever held. There were twenty members present, and papers were read by the following gentlemen after the President, Dr. Hardaway, had delivered the annual address:

1. A Case of Tuberculo-Ulcerative Syphilide of Hereditary Origin. By Dr. Graham, of Toronto.

2. Clinical Notes on Psoriasis. By Dr. Greenough, of Boston.

3. Remarks on a Moot Point in the Etiology of Psoriasis. By Dr Sherwell, of Brooklyn, N. Y.

4. Cases of Angioma Pigmentosum et Atrophicum. By Dr. White, of Boston.

5. Relations of Lupus Vulgaris to Tuberculosis. By Dr. Hyde, of Chicago.

6. The Treatment of Lupus by Parasiticides. By Dr. White, of Boston.

7. Treatment of Port-Wine Mark by Electrolysis. By Dr. Hardaway, of St. Louis.

8. Mycological Studies in Tinea Trichophytina and Favus. By Dr. Robinson, of New York.

9. On the Structure of the Derma and the Development of the Elastic Tissue in it, with Demonstration. By Dr. Heitzman, of New York.

10. Case of Multiple Sarcoma of the Skin. By Dr. Hardaway, of St. Louis.

11. An Unusual Case of Tylosis of the Hands. By Dr. Morison, of Baltimore.

12. Relation of Herpes Gestationis and Certain Other Forms of Disease to Dermatitis Herpetiformis. By Dr. Duhring, of Philadelphia.

13. On Mycosis Fungoide. By Dr. Tilden, of Boston.

14. Urethral Irritation as a Source of Certain Neuroses and of Acne. By Dr. Denslow, of St. Paul, Minn.

15. Remarks on Electrolysis and Other Practical Topics. By Dr. Heitzman, of New York.

16. On Syphilitic Re-infection. By Dr. Taylor, of New York.

17. Observations on the Oleates. By Dr. Stelwagon, of Philadelphia.

18. A Case of Syphilitic Aphasia and Paraplegia Followed by Death, With an Account of the Autopsy.

Dr. Morison, of Baltimore, showed a new and simple Instrument for the Removal of Comedones; and the microscope was used for the demonstration of preparations of tinea trichophytina and favus by Dr. Robinson, of mycosis fungoide by Dr. Tilden, and of bacilli lepra by Dr. Heitzman for Dr. Hyde.

The Association, although it was invited to come next year to Baltimore, decided that as the meeting had been so universally successful at Greenwich, it would try the same place again. So it adjourned to meet at Greenwich the last Wednesday of August, 1886.

The officers for the following year (1886) are: President, Dr. Wigglesworth, of Boston; Vice-Presidents, Dr. Robinson, of New York, and Dr. Atkinson, of Baltimore; Secretary, Dr. Tilden, of Boston; Treasurer, Dr. Stelwagon, of Philadelphia.

No action was taken upon the International Medical Congress, as a resolution to refer the matter to a committee was laid upon the table by vote.

Dr. Brouson, of New York, was elected an active member.

Odorless Iodoform.—Oppler (*Centralb. fuer Chir.*) states that he has accidentally found that coffee completely masks the odor of iodoform. Roasted coffee should be very finely powdered, and mixed with the iodoform in the proportion of thirty, forty, or fifty per cent. The following formulæ are given:

Iodoform,	2 parts.
Coffee,	1 part.

Mix, with the aid of a few drops of Hoffman's anodyne. [It is stated that the addition of the latter is not essential].

Iodoform,	3 parts.
Paraffin ointment,	30 parts.
Coffee,	1 part.

Mix; make an ointment.

The antiseptic power of coffee is mentioned as in itself an advantage.—*N. Y. Med. Journ.*

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NEWBERRY A. S. KEYSER, M.D., Associate Editor

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BALTIMORE, SEPTEMBER 5, 1885.

Editorial.

The Congress to be Sacrificed for the Code.—In view of the fact that the American Medical Association committed an unjustifiable and unnecessary blunder in authorizing a new committee to reorganize the preliminary arrangements for the Ninth International Medical Congress, we had hoped that this Committee, after the experience of its late meeting at Chicago, would recognize the absurdity of its position and would gracefully decline to take further steps looking to an arrangement for the Congress.

It has seemed to us that the action of this Committee has been so universally condemned, and its resignation so loudly insisted upon by the almost unanimous voice of the profession, both in this country and in Europe, that it would not have the boldness to proceed with its work in face of such outspoken opposition. At first we were disposed to lay the entire blame for the present muddle of the affairs of the Congress upon the shoulders of the Association. We assumed that this Committee was acting under the instructions of the Association, and, therefore, in accordance with these instructions, had performed the work assigned to it in as mild a way as was to be expected under the circumstances which had called it into existence. After the utter failure of its efforts at Chicago, and in view of the disturbance its action has

brought about, we have felt that this Committee was in duty bound to decline any further participation in the work of re-organization of the Congress. Having so signally failed at Chicago we are unable to understand upon what ground it can hope to be more successful in its future undertakings. From a circular which has recently come into our possession we fully recognize the part which this new Committee will attempt to perform. Bracing itself up under the issues of the "Code" this Committee will urge the re-organization of the Congress upon this platform. It proposes to stand by this issue alone and to distribute its loaves and fishes to those only who obligate themselves to support the National Code of Ethics.

We have already shown the absurdity of this issue as applied to the organization of an International Medical Congress. We must insist that this attempt of the Association and of its Committee to hoist this issue into prominence is an insult to the medical profession throughout the entire world, and an insult to scientific medicine wherever it is taught and practiced. To attempt to enslave individual opinion in this manner is a stab at ethical principles which will penetrate into the very heart of the National Code of Ethics and create a prejudice against these time-honored observances which the Association cannot stay. The Association and its Committee is standing on dangerous ground, and is inviting a controversy and a strife about medical ethics which will surely plunge the Association into the deepest grief. The American Medical Association is yet an infant organization. It has not the power to dictate its terms to the intelligence of the profession in this country. With a membership of less than 3,000 it is assuming prerogatives and asserting principles which may endanger its very existence.

But after all this cry of the "Code" has a tamer significance than a casual observation would indicate. We have already noticed the fact that the "Code" issue has been repudiated by the very best scientific minds in this country and in Europe. The present Committee has caught on to this issue as a possible popular wave to ride into high official position and authority.

In our opinion it cares but little for the success of the Congress apart from the popular conception of such an organization. Its proposition to organize a Congress simply means a jolly, good meeting with Code for breakfast, scientific medicine for lunch and the American Medical Association for a sumptuous dinner. On this mixed diet our foreign friends are to be hospitably banqueted, and if enough foreign guests will not come across the waters to partake of this repast the jolly feast will be enjoyed all the same by the Code adherents and their friends. Indeed, the whole outlook for the Congress is utterly ridiculous and absurd. The profession in this country may well cry shame over its present humiliation. Who can look on and not blush over such an arrangement as is proposed by our National Medical Association in honor of a great and influential body of scientific workers? Who can endorse the work of a Committee or accept its proffered honors when one has considered the fact that it would gauge scientific opinion and practice by a standard of conduct which is applicable only to the most ignorant or unprincipled members of the medical profession? The empire of science is not bounded by the restrictions of narrow opinions and prejudices. It demands liberty of action and conduct, and it can only make large and enlightened progress when endowed with these functions.

The effort of our National Medical Association to impose upon a Congress of scientific men absurd rules of ethical conduct recalls to mind the narrow prejudices of the middle ages when men were punished for asserting that the sun stood still or that the world was not made in six days. In the last quarter of the nineteenth century will the rank and file of the medical profession tolerate such narrowmindedness? We believe not. This utter absurdity of the Association will surely reach upon its unwise and impious head.

The Treatment of Uterine Myoma.—During recent years no subject in gynecological surgery has attracted more attention or led to greater discussion than the treatment of uterine myoma. The nature of this affection, and the danger which has invested the various methods of treatment proposed for its management, have naturally divided professional opinion into numerous differences in regard to the methods of treatment to be employed. Many still hold to the opinion that myoma never kills by its size alone, and that the hæmorrhage which results from its presence may be controlled by various means without resorting to the extreme measures of an operation. It is claimed by these advocates that the palliative treatment may be successfully employed until the patient reaches the menopause, at which time the dangerous symptom, hæmorrhage subsides.

Others hold that a small myoma should be removed before the health of the patient is endangered by its larger growth and distressing results.

Into the advocacy of the palliative or of the curative method of treatment experts in gynecology may be said to be divided. It naturally follows that grave reasons exist for such a divergence of opinion. These reasons must be influenced by statistical results which, after all, receive their coloring from individual experience. One surgeon has been successful with the palliative method, and hence advocates the let alone or Fabian policy. Another surgeon bases his experience on the results of operative procedures and, therefore, is a warm advocate of the curative plan of treatment. It is quite evident that a thorough investigation of the history of uterine myoma is yet needed before it is safe to follow the leadership of a single guide. An investigation into the history of myoma will show widely different conditions, and the plan of treatment must be modified according to the social conditions, habits and surroundings of the patient. The expectant treatment of myoma may succeed well with those patients in high life who can command all the ease and repose of wealth, but it simply means death to the working classes where complete rest is impossible. But whatever force the palliative methods of treatment may exert in quieting the terrors of a myoma, it is quite well understood that in certain cases an operation is imperatively demanded. The decision of this question leaves three procedures from which to make choice. Shall the operation be enucleation, hysterectomy or oöphorectomy? Each of these operations has its advocates and each has its special advantages which entitles it to consideration. Hysterectomy is a grave surgical procedure about which the most experienced and skilful surgeon cannot speak with enthusiasm. The mortality remains high and the operation is difficult. Enucleation has, to say the least, a terrible mortality and has been condemned by as bold and skilful an operator as Mr. Lawson Tait. Oöphorectomy is the one operation entitled to the highest consideration. This operation has been highly favored by Mr. Tait in a recent paper read before the Obstetrical Section of the British Medical Association (*Brit. Med. Journ.*, Aug. 15, 1885).

Mr. Tait's arguments are very strong, and his statistics are entitled to very high praise.

It will be remembered that on August 17th, 1872, our distinguished countryman, Dr. Robert Battey, of Rome, Ga., successfully removed both ovaries for the relief of reflex nervous troubles. The object of the operation was to bring about a premature menopause. On Feb. 11th, of the same year, Mr. Tait had removed the uterine appendages for the relief of pain and hæmorrhage. While the priority of the operation of oöphorectomy has been generally conceded to Dr. Battey in this country, it is quite evident that Mr. Tait's conception of the operation is the one now universally adopted. It is equally certain that Mr. Tait has presented statistics which no living operator can adduce, and that his operation for the removal of the uterine appendages is one which defies criticism. In the paper recently read by Mr. Tait, to which we will now give attention, he shows that removal of the uterine ap-

pendages for myoma, when properly performed, is not a fatal operation, but one with hardly any mortality at all, even when the tumors are large, and when the patients are brought almost to death's door by hæmorrhage. Mr. Tait presents a list of fifty-eight cases, in which he has operated since January, 1884, without a single death. In the series published up to the end of 1883, there were fifty cases of removal of the uterine appendages for myoma with but two deaths, making a total of 108 cases with two deaths. Mr. Tait believes that the real mortality of the operation in experienced hands is not more than one per cent.

The views which Mr. Tait formulates from his experience are entitled to great weight. The view that is so constantly asserted, that uterine myoma is not a disease which is at all fatal and therefore deserving of any kind of surgical treatment, Mr. Tait asserts is absolutely contradicted by the fact that everyone in whose practice the disease occurs to a large extent is found to be engaged in discussing the alternate proposals of enucleation of the tumors or the performance of hysterectomy. Mr. Tait unhesitatingly condemns hysterectomy, and asserts that he never would perform it if he could possibly avoid it. In certain cases, he admits, the operation of removal of the uterine appendages does not arrest the growth of the tumor, and hysterectomy is subsequently demanded. Other cases will also demand it where the tumor has grown after the menopause. But Mr. Tait contends "that if the removal of the appendages were performed on the patients early in the history of these cases, as it ought to be, very few indeed would arrive at the necessity of hysterectomy." Mr. Tait closes his paper with this statement: "I think that the evidence which I have now laid before you, is quite sufficient to maintain the thesis with which I started, that removal of the uterine appendages is an operation with a low mortality; that it is extremely effectual; and that, therefore, it ought to take the place absolutely of the operation of enucleation, and ought to be employed for the purpose of reducing the number of cases of hysterectomy to the lowest possible point."

How Shall We Feed the Baby?—To every practitioner this question is propounded many times over; and, in view of the evils of artificial feeding, it is at all times a momentous one, and especially during this, the heated season of the year, does it require grave consideration and earnest study in connection with each and every case concerning which it may be asked.

In an interesting article on the subject in the *Archives of Pediatrics*, Dr. Samuel S. Adams, of Washington, argues forcibly against the employment, as a general rule, of wet-nurses, in the event of the failure of the lacteal supply of the mother. This opinion being opposed to that of many previous writers on pediatrics, who consider the wet-nurse the best substitute for the mothers's breast, we quote as below from the paper giving some of the arguments contained therein:

"I am opposed," says Dr. Adams, "to the employment of wet-nurses. Those who seek such employment are either driven to it by impending poverty or belong to that mercenary class whose sole aim is to make money. Whilst the former are to be greatly pitied, and are mostly unable physically to undergo the hardships of double nursing, the latter are to be avoided because they are endowed with so little moral obligation as to require constant watching to protect the child. The supply of milk is usually equal to the demand in a woman who has one child, or twins, but it will fall short for intruders. Constant excitation of the lacteal glands may increase the secretion, but a thorough analysis would, I believe, show a great deterioration in quality.

"Great responsibility rests upon us in selecting a wet-nurse. There have been many rules laid down for the selection of a good one, but how are we to apply them? We question the woman who is prepared to use every deception to accomplish her purpose. She will declare that she is perfectly healthy; was never sick; has no transmissible disease, and that her child is robust and healthy. She may herself believe these statements, but what guarantee have we that they are true? Many of these women would have great difficulty in proving the iden-

tity, much less the healthfulness, of the fathers of their children. Since the child may be infected with syphilis, while the mother may be apparently free from the taint, yet may not the foster-child receive the infection through the medium of the nipple? A healthy child may be brought to the doctor for examition, but how many of us see it again, and what assurance have we that it is the right one? The woman's object is to get the situation and she may borrow a perfectly healthy child for the occasion, and who will be the wiser? A division of spoils may be a temptation to the lender. A physician may deliver a woman and believe her and the child healthy; in three weeks he may want a wet-nurse, and remembers his promise to send for her; she comes with a fine-looking baby and is engaged. How does he know that her baby has not changed in this time to be a puny eczematous one, and that the one presented is not a fraud? We are told to make a thorough examination of her person, yet how many do it? We are willing to accept her after a lengthy catechizing. We want a nurse in a hurry and she apparently fills the bill.

"She must be temperate, of gentle disposition, neat and cheerful; so she may be when she is nursing the foster-child if some one is watching; but once out of sight how are we to know what vices she may not indulge? She must be of a loving disposition. If she have such a disposition, is it not reasonable to suppose that her own child will be her first care? If she do not love her own she may, and probably will, tuck it snugly away in a basket on somebody's doorstep or put it in a foundling asylum. If she does this with her own, how can we expect her to be gentle, kind, and loving with another's?

"Supposing, however, that we could control her moral nature and habits, is it not more probable that her sufferings will be very great? She may not live near the foster-child, and in that case must undergo the fatigues of paying frequent visits to each infant. It is not reasonable to expect that such a woman will allow her own offspring to suffer, and consequently it is more than likely to get the lion's share of milk, while the foster-child is permitted to suffer and become puny and sickly. If she is carefully guarded, and the foster-child gets its full supply, rest assured the little one at home spends sleepless nights and pines and sickens. Does not this naturally produce anxiety of mind and loss of rest, and impair the nutrient value of her milk?

"It may be claimed that my objections do not hold with regard to a woman who has lost her own child. This may, in a measure, be true; but even in these cases there remains the uncertainty as to antecedents and many of the other objections heretofore mentioned, and these impel me to the selection of cow's milk as the best substitute for the mother's, and as offering the surest guarantee against transmissible vices of constitution and the many unknown and unknowable dangers of wetnursing, even in its best form.

"We are told that the wet-nurse's diet should not be changed; that if she has been accustomed to coarse food a change to rich and highly seasoned diet will disturb digestion and thereby render her milk harmful. It is difficult, if not impracticable, to keep a close watch over her diet, and everyone knows how great is the temptation to indulge in rich and highly-seasoned food on the part of those who are accustomed only to the commoner and coarser varieties.

"Upon the physician, therefore, in my opinion, rests the great responsibility of guarding the moral obligation of one, and the physical well-being of three individuals. Is he willing to assume that responsibility? He may think his accountability ceases when he has provided a good place for the nurse, and the foster-child improves, but the third individual must not be forgotten. By securing ample remuneration for the worthy woman, he also lends his aid to the undermining of her constitution, while in the case of a corrupt or vicious woman his indorsement may aid her to carry out the vilest schemes or indulge in the most demoralizing practices. In any event, both nurse and children must suffer

physically, the one from the unnatural drain on her constitution, the others from insufficient food."

In order to avoid the dangers of wet-nursing, Dr. Adams advocates the use of cow's milk obtained fresh and of good quality, and properly diluted to suit the age of the infant. The idea of obtaining *one* cow's milk for use he thinks, in the majority of instances, impracticable, and even where it can be strictly adhered to he thinks it of very doubtful importance; and in the case of the one cow becoming diseased or the milk changing in quality the evil to the child is of course proportionally greater. "If we are sure of obtaining," says Dr. A., "good sweet milk, twice daily, from properly fed cows, let us be satisfied."

Speaking of weaning, he says, "I do not hesitate to make the change at any season. I would as soon do it when the summer is at its height as when the mercury is keeping company with zero. Where I have seen that a child did not gain at the breast I have ordered it to be weaned, and have never yet had cause to regret the change." This may be deemed a rather bold assertion, but followed as it is by the confident expression prompted by the author's personal experience it commands attention, and we agree with the author that weaning, even when the mercury is high, may be of less evil consequence than the suckling of the mother's breast when it furnishes milk devoid of nutriment, or which from some cause is antagonistic with the well-working of the child's digestive apparatus. At such times weaning is but snatching the child from starvation.

Unmethodical and irregular feeding is nearly as bad, in Dr. A.'s opinion, as not feeding at all; and 90 per cent. more children would be saved if more attention would be given to the preparation and dispensing of the milk; the beneficial effects of systematic feeding being always apparent.

Says this writer in conclusion:

"Every case of infant feeding must be regulated by its own indicated requirements. There is no uniform rule applicable to all. Each must be studied carefully and that mode of treatment must be adopted which proves best suited to *it*. I have no special brand of food to extol nor fantastic process to recommend. I have used several of the standard foods with apparent benefit, while further trials in other cases led to alarming failures. I have used peptonized and pancreatized milk with good results in a few cases, but with bad results in many more.

"The most satisfactory general rule I have found is to secure good sweet milk from a country dairy, delivered twice a day, if possible. As soon as it is delivered pour on the requisite amount of boiling water to dilute it to suit the age of the infant; put this in the refrigerator to be used when required. To a very young infant give the bottle every two or three hours; as the child advances increase the quantity and the interval. Do not permit the bottle to be used as a soothing apparatus; when thus employed it does harm. Never let it sleep with the nipple hanging to its lips. With every feeding add the proper quantity of lime water (use this form of alkali, otherwise the friends will stop it lest it eat the lining of the stomach, though harm is usually traced to its stoppage). When the child is through feeding throw away the remaining milk; never allow it to stand in the bottle. Scald the nipples, tubes and bottles and then let them lie in a solution of soda until the next meal. I adopt no particular form of feeding-bottle; the simplest and the most conveniently cleansed is always the best. Above all things avoid experimental medication; more children die from excessive drugging than from want of medicine. With this for the basis of treatment, given ordinary intelligence and reasonable professional skill in resource and judgment in application, and I believe hundreds of cases now lost would be saved."

Dr. Partington, after reading of the wholesale withdrawals from the International Medical Congress, as at present governed, was heard to remark sententiously that he feared the Congress was likely to be merely a sexual one.—*Bost. Med. and Surg. Journ.*

Miscellany.

Malaria and Pregnancy.—Dr. G. C. Nijhoff, of Amsterdam, discusses, in the *Weekblad*, the question of the relation of malaria to pregnancy, adducing some observations of his own. Some years ago, it seemed to be the general opinion that pregnant women were rarely affected by malarial fevers. Thus, Griesinger (Virchow's *Handb. der spec. Path. und Ther. Infections-Krankh.*, 1856) found that, during the prevalence of a quartan fever in Prague, only 2 out of 8,636 pregnant and parturient women were affected. Again, Credé states (*Monatsch. für Geburtsh.*, Band xv, S. 1, 1860) that, in Leipsic, during the three years, 1856–1859, there was scarcely a case of tertian ague in a pregnant woman. Mendel and Ritter have also recorded the comparative immunity of pregnancy from malarial attacks, for which the latter accounts by the smaller degree of exposure to malarial influence during pregnancy. When, however, it does occur, it does not, according to both Mendel and Ritter's observations, exercise any remakable effect on the course of the pregnancy. On the other hand, Goth, of Klausenburg, found (*Zeitsch. für Geb. und Gyn.*, Band vi, S. 17, 1881) that, during a severe epidemic of a malarial nature, 46 out of 881 pregnant women were attacked; and of these 46, in 19 the labor was premature, and in some the children were still-born, and, even when they were alive, the size and weight were abnormally low. Bompani also (*Centralbl. für Gyn.*, 1834, S. 821) is of opinion that malaria causes more premature labors than syphilis.

The discordant views of authorities, of which the above may be taken as an example, extend also to the treatment which should be adopted in the malaria of pregnancy; some, as Cazeaux, advising that quinine should be given as the surest preventive against abortion; while Petijean (Charpentier, *Traité des Acc.*, Tome i, p. 562, 1833) and Monteverdi consider that quinine is a powerful ecbolic; the latter thinks it even more active than ergot.

The writer mentions particulars of four cases, in which malaria attacked pregnant women, quinine being given. In one of these, the labor came on five weeks before the calculated time; but the child was of full length, and it was uncertain whether it was really premature. In another case, the labor occurred at about the right time, but immediately after a severe attack of fever; the weight of the child being 2.8 kilogrammes (about 6 lbs. 2½ ozs.). The other two pregnancies terminated normally, with healthy children.

With respect to the mutual effect of malaria and the process of labor, Ritter was of opinion that labor tends to arrest a malarial attack, suggesting, as an explanation of this, that the hemorrhage may perhaps account for it. Goth considered that labor is prolonged by malaria to double its normal length, and stated that artificial assistance by forceps or extraction of the placenta was requisite more often than in cases uncomplicated in this way. The writer's own observations induce him to agree with Ritter rather than with Goth. In one of his four cases, the malarial attack did not return for twelve days after the labor; and in two more cases the patients were free for fourteen days after labor. In all these cases, the labors were normal, with very little hemorrhage.

It is, of course, often difficult to diagnose malaria in the puerperal state. Ritter believed that puerperal women are peculiarly susceptible to malaria, but that they are less exposed to its influence than other people. He, however, mentioned fourteen cases, of which only three had had attacks during the pregnancy. He also thought quinine less satisfactory in its results than usual, owing to the enfeebled digestive power. The author's experience of puerperal malaria is very limited.—*Brit. Med. Journ.*

The Treatment of Scabies.—The following treatment is recommended by Dr. Comessati (*Pharmak.Zeit.* and *Joun. de Méd. de Paris*, 1885, No. 14) as being easy and certain in its action. A solution is prepared containing four ounces of hyposulphite of soda in one

pint of water, and the whole body is washed with it in the evening. The next morning the skin is sponged with dilute hydrochloric acid (one ounce to the pint); sulphur, sulphurous acid, and chloride of sodium are formed, and the disease, in most cases, cured by a single application.—*Brit. Med. Journ.*

Treatment of Carbuncle.—Dr. J. V. Shoemaker, of Philadelphia, has used the following for external application:

℞. Naphthal, gr. x.
Ext. of Arnica, ʒss.
Oleate of Lead, ʒ ij. M.

This produces a very soothing effect. He has failed to obtain such good results with the alkaloid oleates as have been reported by other observers.

Dr. Savage, of Jacksonville, surrounds every carbuncle with a zone of cantharides collodion from one-half to one inch in width; this draws a blister and relieves pain. He makes a small incision also, if pus has formed. In one case he applied a cantharidal plaster over the whole tumor and extending beyond, with excellent results. He gives calcium sulphide internally, a quarter a grain, four times daily.—*Journ. Amer. Med. Ass'n.*

Impotency Due to Excessive Use of Tobacco.—Dr. J. J. Caldwell, Baltimore, reports the following case: Mr. M., aged thirty, married, of our city, was referred to me one year ago as a case of impotency. I found him a hale, hearty man, well developed mentally and physically. His muscles were hard and elastic, and he was a great walker. He hardly knew what it was to suffer fatigue. All of his organs were well developed—especially those of the genito-urinary apparatus. After thorough inquiry, I found he was excessive in the use of tobacco, chewing and smoking to an alarming extent, and at times was in the habit of using alcoholic spirits too freely, all of which I forbade. I ordered for him a moderate diet and pills of damiana and nux vomica; also the daily application of the faradic stimulus to the cord and genito-urinary appendages. He was to abstain from all genital exercises. He continued under treatment for several months with most excellent results.

Tobacco and whiskey in excess are, in my opinion, a frequent and a potent inhibitor of the sexual act.—*Va. Med. Monthly.*

Nurses' Sore Mouth.—In all cases of nursing sore mouth, there may be found, upon careful inquiry, wrong of the uterus. There is nearly always more or less leucorrhœa, and the discharge is frequently of an offensive, irritating character. The internal administration of eupatorium, alternated or combined with hydrastis, will always help in such cases, and they will many times accomplish every thing desired.

℞. Mother tincture eupatorium aromaticum, ʒ ij.
Fluid hydrastis, ʒ ij.
Water, ʒiiiss. M.

Sig.—One teaspoonful every hour.

It is surprising to see how rapidly some cases of nursing sore mouth heal under the influence of this simple prescription. The burning mouth and tongue are cooled; the leucorrhœal discharge is modified, lessened, and not infrequently entirely stopped; and the nervous element of the disease, characterized by morbid watchfulness, throbbing headache, etc., is perfectly controlled in most cases. Eupatorium is said to be a remedy for nervousness, but we have never observed that its virtues were very marked in this regard except in this terrible disease, so frequently met with in nursing women, but here it certainly is a first-class remedy.—*Amer. Med. Journ.—Analectic.*

Calculi Removed From the Kidney by Combined Abdominal and Lumbar Sections.—In the *London Medical Times*, July 4th, 1885, Mr. Knowsley Thornton reports a case in which he operated twice successfully for the removal of renal calculi, using combined abdominal and lumbar sections. The same kidney (right) was affected in both instances, and on the second operation he found the kidney in as mobile condition as if it had never been operated upon. The operations were about six-

teen months apart. The abdominal section was made by Langenbück's lateral incision, on the right side, about five inches long. Through this opening exploration was made by the hand, the kidneys examined by palpation and the stone located. The kidney was then manipulated and gotten in such a position as to present the stone so as to enable it to be removed through the pelvic wall of the organ. A small lumbar incision was then made and with the aid of blunt directors the stone was reached and removed with a small pair of lithotomy forceps.

The patient did well after both operations, she being detained in the hospital 30 days after the first operation and 78 days after the second, the difference being solely due to the rapid healing of the kidney wound on the first occasion, and its slow healing on the second. In conclusion Mr. Thornton writes as follows:

In considering this operation, the first question to be answered is whether the abdominal incision adds much to the risk for the patient. I maintain that it does not, if the surgeon will only make his abdominal exploration thoroughly aseptic; or, in other words, if he will take full advantage of the scientific surgery of the time. If he is not confident in his ability to do this, he had better be content with the lumbar incision.

The advantages of this combined section over the simple lumbar incision are,

(1) We are certain that the patient has two kidneys.

(2) We are certain, as shown by my second operation, not to incise the wrong kidney and miss the stone.

(3) If the stone should have become impacted in the ureter too low down to be reached by the lumbar incision, it can be readily felt and removed by the abdominal incision. In this case certain special precautions will be necessary to avoid escape of urine into the peritonæum, but it is outside the present case to discuss them.

(4) We can select the point at which it is most desirable to incise either the substance or pelvis of the kidney, and hold it in the best position for reaching this point from the lumbar incision.

(5) We can steady the kidney while extracting the stone—a point of very great importance in a fat subject, or in one with a very mobile kidney, which may slip out of reach from the lumbar wound.

(6) We can avoid with certainty accidental injury to the renal vessels the ureter, the peritonæum and the intestine; all possible dangers in the lumbar incision and of very serious risk, because they may happen and yet escape detection till they become apparent by after bad-results. I do not maintain that every case should be operated upon by this combined method, and I have obtained two splendid cures by lumbar incision alone, but I do maintain that in certain cases it offers great advantages, with no serious counter-balancing risks, and it is not lightly to be dismissed from a mere foolish dread of opening the peritonæum. Careful selection of cases suitable for the combined operation, or for the lumbar operation alone, and equally careful examination of the results obtained, must decide which method shall be adopted in any given case.

Painless Tooth Extraction.—Dr. Hepburn, in the *Independent Practitioner*, says that teeth can be extracted without pain in the following manner: The tincture of purified extract of cannabis indica is diluted with from three to five parts of water. This is applied to the gums by rubbing with the finger dampened with the solution. The forceps are also dipped into the solution before applying them to the teeth.

The Use of Alum in Purulent Ophthalmia.—Dr. John Tweedy (*Brit. Med. Journ.*) points out that the use of alum in the cure and prevention of ophthalmia neonatorum is not without its dangers. Should the cornea be abraded, eroded or ulcerated, the solution of alum may gain access to the corneal cement, which it will dissolve and thereby facilitate perforation of the cornea. Other medicaments, equally efficient as alum, are free from this fault, namely, chloride zinc, perchloride of mercury, boracic acid, nitrate of silver, etc.

Fatal Poison by White Precipitate.—Poisoning from white precipitate (ammonio-chloride of mercury) being comparatively rare, the following fatal case reported by E. Head Moore, in the *Brit. Med. Journ.*, may prove of interest.

The patient was a man of 52 years, who had been intemperate but had for many months totally abstained from alcoholic drinks; but on the occasion of his wife giving birth to a dead child the pressure of grief (?) proved too much for him, a protracted spree being the result. When in this inebriated condition he "took some acid he had from his battery," which proved to have been only a few drops of sulphuric acid, which caused no bad symptoms; but he took, also, about forty grains of white precipitate. He was found suffering great pain, vomiting food freely, with cold clammy perspiration; pulse soft, feeble and rapid; bloody stools, and anxious expression.

There was none of the specific effects of mercury apparent, the symptoms being purely those of an irritant poison. The treatment consisted in frequent doses of white of egg, which was generally quickly vomited, and doses of five minims of tincture of opium with ten minims of tincture of hamamelis, every quarter of an hour, which appeared to allay both the pain and vomiting. The patient, however, never rallied anddied in about five hours after taking the poison.

The Treatment of Hemorrhoids by Injection.—In an instructive clinical paper in the July number of *The American Journal of the Medical Sciences*, Dr. Charles B. Kelsey, of New York, urges the treatment of hemorrhoids by injection of carbolic acid. After an ample experience this has become his routine practice, and in all his cases he has never known a patient to abandon the treatment after it was begun, and he has never failed to effect a perfectly satisfactory cure by it, and he has never had an accident of serious nature with it.

He uses three solutions, one of 15 per cent., one of 33 per cent., one of 50 per cent., and sometimes he uses the pure acid. In a severe case he begins with the stronger ones, in a mild case with the weaker.

A Case of Paralysis of the Lower Extremities with Hypertrophy of the Skin, Subcutaneous and Muscular Tissues.—Dr. John K. Mitchell, in the July number of *The American Journal of the Medical Sciences*, records a curious case, a female, aged 50, which presents a total of several unusual conditions: paralysis, without any degenerative reaction, enormous hypertrophy of the skin and subcutaneous tissues, and increase of the size of the muscles due to the extraordinary overgrowth of their fibrillar elements. It has certain features in which it resembles scleroderma, and some that are like elephantiasis, and without the microscopic investigation it might have been taken for what on the first superficial examination of the patient it was thought to be, pseudo-hypertrophic paralysis.

But the skin had not the tense, hard induration which scleroderma shows. Scleroderma is usually found with more or less pigmentation; it begins with pain and œdema, and is nearly always accompanied with atrophy of the underlying muscles, and though it varies in position and may be limited or diffuse, it is seldom or never so absolutely symmetrical as the lesion described. Certainly there is a slight likeness to elephantiasis in the skin condition, but the general fever and inflammatory symptoms of that disease were never present, nor has the course been like that of elephantiasis, which progresses by recurrent attacks.

Nor on careful comparison does it seem much like the pseudo-hypertrophic paralysis. The age of the patient—this paralysis is almost unknown in adults except where it has continued from infancy—the persistence of the knee-jerk, and the troubles being, even after lasting so long, entirely confined to the lower extremities, are some of the differences. Here, too, no loss of voluntary contractility in any other than the affected muscles, nor any atrophy of the pectoral or dorsal muscles, a condition which Gowers calls diagnostic of pseudo-hypertrophy, could be discovered. To the eye and touch, besides, the muscles in this case were much more lumpy and less homogeneous than they are in the false overgrowth.

A few cases of true muscular hypertrophy have been reported. The overgrowth in all of them was limited to the muscular tissue, and the malady began after great and long-continued exertion, or after depressing disease or injury. All of them were unilateral and in one limb only. Studies of extracted fragments of muscles showed the fibres to be double the natural breadth, and demonstrated an increase in the number of nuclei.

So far as Dr. Mitchell has been able to discover during the year which has passed since he first examined the case there has been nothing like it known, and he thinks he has good grounds for saying that the complexus of symptoms is entirely a new one.

Tonsillitis in Relation to Febrile Attacks in Childhood.—(*Med. Times*, Jan. 10th.)

The object of this anonymous contribution is to call attention to the frequency of tonsillitis, when not suspected as a cause of so-called "febricular attacks" in young children. In many cases of high temperature, the physician looks in vain for an explanation in the condition of the organs of the great cavities, while an inspection of the throat at once reveals the cause, although there was present no pain on swallowing, nor other symptoms pointing definitely to throat inflammation.

Tenderness is often found on deep pressure behind the ramus of the jaw. In other cases, after a day or two, throat symptoms become pronounced. Apparently simple in its nature, tonsillitis is very frequent in children of four years and over, but by no means rare before that age. It is not always easy to distinguish these cases from diphtheria, even in those which ultimately declare themselves as simple pharyngitis there are often seen patches of a whitish exudation which extend beyond the tonsils to the uvula; such should not at first sight be dogmatically classed as diphtheria. Mistakes are likely to occur even with the best observers. When such cases spread through the house they may be regarded as diphtheritic; when they recur frequently in the same child they are likely to be only simple inflammations. In many cases they do not seem due to exposure, but occur in strumous children especially in connection with chronic hypertrophy of the tonsils. A routine examination of throat should, therefore, be made in all cases of febrile attacks in children.—*Archv. Pediatrics.*

The Intravenous Injection of Milk.—Dr. Charles E. Jennings, in the *Brit. Med. Journ.*, June 6, 1885, concludes an excellent paper on this therapeutic procedure as follows:

1. The intravenous injection of a small quantity of newly-drawn milk is harmless.

2. Large injections of milk are fatal, with polyuria as the chief symptom.

3. The employment of impure or stale milk is most dangerous, on the probability that septicæmia will follow the operation.

4. The operation is to be recommended in the later stages of cholera, enteric fever, phthisis, and pernicious anæmia, as a substitute for the transfusion of blood; and, in short, in all cases where transfusion of blood is indicated on nutritive grounds, but where a blood-donor cannot be procured, or where this operation is, for other reasons, impracticable.

On the Infection of Scarlet Fever.—It is reported by the Medical Committee appointed to inquire into the alleged recurrence of scarlet fever at an orphan asylum, from a premature discharge of patients from the Institution for Infectious Diseases at Liverpool, that a failure to cleanse the head thoroughly is by no means a rare cause of retained infection of the disease, the desquamation of the scalp being taken for ordinary "scurf." Another common source of the contagion was found to be the clothing which the children had worn at the time of their admission to the Institution, this being sent away with them after being, as it was thought, thoroughly disinfected.

Cellulose as a Surgical Dressing.—Many as are now our articles for surgical dressings, Dr. Fischer, of Trieste, proposes in the *Zeitsch. f. Therap.*, that

we should add cellulose to the list. He claims for it the following advantages:

1. It is absolutely free from substances capable of exciting putrefaction.
2. It has a very low specific gravity.
3. It produces neither eczema nor erythema upon the epidermis.
4. It retains moisture and heat perfectly for more than twenty-four hours.
5. It never adheres to granulating wounds or the surface of the skin.
6. It adapts itself perfectly to the outline of the place of application.
7. It is much cheaper than other materials heretofere used for similar purposes.—*Med. Times.*

Local Application of Cascara Sagrada in Constipation.—H. C. Glanville, (*London Lancet*, May 9th), in alluding to the fluid extract of cascara sagrada, which he considers the most reliable preparation, says: It acts upon the hepatic secretions and circulations, the whole gastro-intestinal canal, stimulating its morbid condition and the neighboring glands to healthy action. As a cholagogue it is invaluable. In chronic constipation its action is good, producing full, easy, pleasant stools, without any tormina, tenesmus, or nausea. The liquid extract, combined with the tincture of iodine painted on the hypogastric region daily, until the bowels are moved easily, has given the same result after repeated trials on patients suffering from habitual constipation. As a remedy for dyspepsia it is superior to many others of its class, being pleasant to take, and producing no nausea.—*Analectic.*

Koch's Comma Bacillus and its Relation to Asiatic Cholera.—In an article on this subject (*Med. News*, Aug. 29) the author, Dr. Hermann M. Biggs, concludes as follows:

We have now considered most of the important points at stake in the controversy, and can draw our conclusions as to the present status of the Koch comma-bacilli. The recent discussion before the Medical and Surgical Society in London elicited no new facts, and it is not necessary to refer to it more fully. These conclusions, then, may be drawn:

1. That Koch's claims as to the discovery of a germ peculiar to cholera, which possesses certain morphological and biological characteristics that differentiate it sharply from all other germs, have stood the test of investigation by many observers, and remain yet to be disproved.
2. It is acknowledged by all investigators, withant exception, that the Koch comma-bacillus is always found in Asiatic cholera in greater or less numbers; and that it is absolutely diagnostic of cholera, whether it bears any etiological relation to the disease or not.
3. That, although it cannot be considered as absolutely proven that the Koch comma-bacillus is the cause of cholera; yet, its constant presence in this disease, and its absence under all other conditions, its relation to the course and intensity of the disease processes, and its peculiar life history, constitute very strong presumptive evidence in this direction.
4. Whatever may be the ultimate conclusion of medical men on this question, that still the greatest honor is due to Koch for having placed at our disposal a method for the diagnosis of Asiatic cholera.

Medical Items.

Dr. W. C. Wile, editor of the *New England Medical Monthly*, has met with a serious loss in the destruction of his editorial office by fire. A large quantity of matter ready for the press, books and manuscripts were consumed. With regular Connecticut enterprise Dr. Wile will rebuild and push ahead with his editorial work.

Dr. Garnett, of Washington, charges *The Medical Record* with being an ardent advocate of consulting with homœopaths. "This shows," says *The Record*, "how oversight sometimes leads the most polite into discourtesy. We have never advocated consulting with homœopaths, but only for the freedom and right of the individual to do so in certain cases."

Dr. Oliver Wendell Holmes celebrated his 76th birthday at his residence at Marblehead, Mass., on Saturday (Aug.

29) last. He is still in the enjoyment of excellent health and spirits, and gives promise of many years of usefulness yet. Dr. Holmes believes "when a man gets to be eighty he is a public benefactor, for then he is an encouragement to men of seventy or seventy-five." All of the Doctor's friends wish that he may realize this pleasure.

Dr. Blodig has been elected Professor of Ophthalmic Surgery in the University of Gratz.

The Med. Record says Prince Ludwig Ferdinand, of Bavaria, son-in-law of Queen Isabella of Spain, who obtained the degree of Doctor of Medicine at Munich last year, is now practicing at Nyniphenburg, Bavaria.

Dr. Henry B. Sands, of New York, has resigned the chair of Practice of Surgery at the College of Physicians and Surgeons, but will continue to deliver clinical lectures in connection with the curriculum of the institution.

The Imperial Government and the State and city are all doing their utmost to make Berlin the medical centre, not only of Germany, but of the world.—*Cor. to Bost. Med. and Surg. Journ.*

The German Congress of Naturalists and Physicians will hold their fifty-eighth annual meeting at Strasburg, commencing September 17th, and will continue one week.

Dr. Jas. F. Hibberd, Richmond, Ind.; Dr. J. H. Wythe, of San Francisco, and Dr. Henry D. Noyes hrve resigned their positions in the Congress as now organized.

Dr. Alfred Ludlow Carroll, Secretary of the N. Y. State Board of Health, has written a letter to the *N. Y. Med. Jour.* announcing his resignation from the Congress.

The *Southern Clinic* announces that Dr. F. D. Cunningham, of Richmond, Va., is dangerously ill and very little hope of his recovery is entertained.

Dr. J. Milner Fothergill, of England, in a letter to the *Med. Times*, says that "not only are the products of the United States in drugs and chemicals taking the lead of the home productions, but in literature they are threatening the old supremacy of England, or, rather, the United Kingdom."

Dr. Herman V. Boeck, Professor of Pharmacology in Munich; Prof. H. W. Reichardt, of Vienna, and Dr. Faludy, of Buda-Pesth, have recently died.

Dr. J. T. G. Emer, of South Waterboro, Me., says: I have tested PAPINE thoroughly and I will say I am well pleased with it, as it is superior in all respects, to opium or anything of the kind, as it does not constipate or cause nausea as opium and its other preparations, I shall continue to use it.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Aug. 25, 1885, to Aug. 31, 1885,

Cronkhite, H. M., Captain and Assistant Surgeon, Relieved from duty at Fort Reno, Indian Territory, and assifned to duty as Post-Surgeon, Fort Hays, Kansas.

Davis, Wm. B., Captain and Assistant Surgeon. Having reported for orders from leave of absence, assigned to duty at Fort Porter, New York, as Post-Surgeon.

Powell, J. L, Captain and Assistant Surgeon. Relieved from tempoaary duty at Fort Leavenworth, Kansas, and assigned to duty as Post-Surgeon at Fort Lyon, Colorado.

Kane, John J., Captain and Assistant Surgeon. Granted leave of absence for one month, to take effect when his services can be spared.

Ebert, R. G., Captain and Assistant Surgeon. Ass2gned to temporary duty with United States Troops at Riverside Park, New York.

McCaw, W. D., First Lieutenant and Assistant Surgeon. Assigned to temporary duty at the camp of the troops near Kiowa, Kansas.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY during the week ending Aug. 29. 1885.

Jones, Wm. H., Surgeon. Detached from the Wachusett, and waiting orders.

Selected Article.

ON FEEDING THE SICK.*

ADDRESS IN THERAPEUTICS.

BY W. ROBERTS, M.D., F.R.C.P., F.R.S.,

Consulting Physician to the Manchester Royal Infirmary, Professor of Medicine in the Victoria University.

(*Continued from page* 363).

FEEDING THE SICK WITH LIQUID FOOD.

In a considerable number of conditions, our patients are unable to take solid food, and are reduced to the necessity of using food which can be administered in the liquid form. This is usually the case in the febrile state and in serious organic disease, especially of the abdominal organs, and in the terminal stages of almost all diseases. There are other conditions in which, although the patient may have the ability to take solid food, it is not desirable that such food should be administered to him. In narrowing of the pylorus or other part of the digestive tract, in ulceration of the intestinal mucous membrane, it is obviously undesirable to administer articles of food which are capable of forming lumps or masses which may block up the narrowed parts of the intestinal tube, or irritate the ulcerated surfaces. There is thus a large field for the employment of liquid food; and one of the most embarrassing tasks in clinical dietetics is to devise food in this form in sufficient change and variety, and having at the same time an adequate nutritive value. Our resources in this state of things consist of milk, beef-tea and other meat decoctions, cold-made meat-infusions, raw eggs, and the various gruels. I propose to make some remarks on each of these articles.

Milk.—By far the most serviceable liquid food we possess is milk. Milk contains, in almost equal proportions, proteid, saccharine, and fatty matter, and is capable alone, as we know, of sustaining life. All plans of feeding the sick on liquid food centre round milk. It can be given alone, or mixed with tea, coffee or cocoa, or with lime-water, soda-water, ardent spirits, or with farinaceous gruels of various sorts, or as buttermilk, koumiss, or whey. Were it not for the necessity of change and variety, we should, in a large number of cases, want nothing but milk. It should, however, be remembered that milk is by no means a perfect kind of liquid food. In the course of its digestion, both in the stomach and in the intestine, milk, or rather the casein contained in it, is coagulated into solid masses, and these masses have to be redissolved before they can be absorbed. Not unfrequently, if milk be given too freely, these curdy masses fail of being dissolved; and they pass down the intestine more or less unchanged, and are ultimately discharged with the stools. In this way the milk may become an objectionable form of liquid food; these curds may block up a narrowed part of the intestine, or they may undergo putrefactive changes, and thereby irritate the tender or ulcerated mucous membrane. This drawback to the use of milk may be obviated by predigesting or peptonizing it, which is easily accomplished at a warm temperature by means of pancreatic extracts. The bitter flavor of peptonized milk is, however, nauseous to many invalids, and you cannot fully peptonize milk without developing this unpleasant flavor. One of the best means of covering the taste of peptonized milk is to add coffee to it. Another device, which may sometimes be adopted with advantage, is to add the pancreatic extract to cold or iced milk. In the cold, the action of the ferment is comparatively slow, and it takes some hours to produce an appreciable change of flavor. But as soon as milk, thus charged with the ferment, is swallowed and passes into the warm atmosphere of the stomach, it is rapidly digested. I have seen, in cases of typhoid fever, when undigested curds of milk were observed to be coming away with the stools, this plan followed by the immediate disappearance of these masses from the motions. But the palates of invalids are sometimes abnormally sensitive, and they detect, and resent, the mere presence of the ordinary pancreatic preparations in articles of food, quite

*From the *British Medical Journal*, Aug. 1, 1885.

apart from the digestive changes produced by them. Recently, Mr. Benger has placed at my disposal a pancreatic preparation which is absolutely free from taste and smell. This preparation, of which I have here a specimen, consists of the pancreatic enzymes in a highly purified state, under the form of a light, nearly white, powder. It is not hygroscopic, and may be kept unchanged for an indefinite period fully exposed to the air.* This beautiful preparation is excessively active, and no palate can detect its presence in milk or other article of food until its effects are revealed in the process of digestion. I am inclined to think that it will prove a valuable addition to our resources when it is considered desirable to subject food to a process of predigestion, and still more when it is desired to add the ferment to the the food in the cold state, with a view to promoting its rapid digestion after being swallowed.

Beef-tea and other Meat-Decoctions.—Next to milk, in frequency of use and in high esteem, come beef-tea and other meat-decoctions. Long experience has satisfied us in this country of the usefulness of these preparations in feeding the sick. Beef-tea and its congeners, however, take rank as restoratives and stimulants, rather than as nutrients. They contain no albuminous matter in solution, and the small quantity of gelatin contained in them cannot be of much account. There is a wide-spread misapprehension among the public in regard to the nutritive value of beef-tea. The notion prevails that the nourishing qualities of the meat pass into the decoction, and that the dry hard remnant of meat-fibre which remains undissolved is exhausted of his nutritive properties; and this latter is often given to the cat or dog, or even, as I have known, thrown away as useless rubbish into the midden. A deplorable amount of waste arises from the prevalence of this erroneous notion in the households of many who can ill afford it. The proteid matter of meat is, as you know, quite insoluble in boiling water, or in water heated above 160° Fahr. The ingredients that pass into solution are the sapid extractives and salines of the meat, and nothing more, except some trifling amount of gelatin. The meat-remnant, on the other hand, contains the real nutriment of the meat; and, if this be beaten to a paste with a spoon, or pounded in a mortar, and duly flavored with salt and condiments, it constitutes not only a highly nourishing and agreeable, but also an exceedingly digestible, form of food.†

Cold-made Meat-Infusions.—The defect in nutritious value of beef-tea led Liebig to suggest the use of cold-made meat-infusions. He recommended that minced beef should be infused in cold water, acidulated with a few drops of hydrochloric acid. An infusion so prepared differs essentially from beef-tea in the fact that it contains, in solution, a large amount of albuminoid matter. The addition of the acid is, according to my observations, a needless complication of the process. Infusions quite as rich in albumen were obtained when simple water was used, as when the water was acidulated with hydrochloric acid. Infusions made from minced meat with half its weight of water, and allowed to stand for two hours, and then pressed through cloth, were found, on analysis, to contain over four cent. of dry albumen. This amount of proteid is equivalent to that contained in cow's milk. The nutritive value of such infusions is, therefore, very high. When heated to the boiling point, they coagulate into a solid jelly. Made from beef or mutton, the product has an unpleasant bloody appearance; but when made from veal, the coloration is much paler. The best preparation, however, is made from the meat off the breast of a chicken. This meat is nearly white, and it yields an infusion which is almost colorless, and which sets, on heating, into a solid white jelly, of very agreeable appearance. Cold-made meat-infusions cannot be

* It slowly acquires a slight peculiar odor when kept in a tightly-corked bottle, but this passes off when it is exposed to the air.

† These remarks on beef-tea apply equally to Liebig's Extract of Meat, Brand's Essence of Beef and Valentine's Meat-Juice, all of which are devoid of albuminous constituents.

heated above 114° Fahr. without becoming turbid from commencing coagulation of albumen. It is, therefore, impossible to cook them without destroying their liquid character. The objection to these infusions is their raw flavor, which to many is highly disagreeable—though some invalids take them without the slightest objection. The best way to cover the raw taste is to add some ordinary beef-tea or a little of Liebig's extract of meat. Some prefer a flavor communicated by a slice of lemon, or by the addition of a little claret.*

Beaten-up Eggs.—Another highly nutritive form of liquid food is supplied by raw eggs. The yolk, or white, or both together, are beaten up in various ways and combinations which are well-known. Eggs are more easily digested by the stomach in the cooked than in the uncooked state; but, when the stomach is weak and unable to digest solid food, beaten-up eggs pass through it into the duodenum without being meddled with, and are slowly digested in their passage down the intestine. They are incapable of forming lumps or masses, and are, therefore, well adapted for cases of narrowing or ulceration of any part of the digestive tract.

Fortified Gruels.—A very important kind of liquid food is furnished by gruel made with the several kinds of cereal or leguminous seeds. Gruels are not by themselves an agreeable kind of food; they lack flavor; but, mixed with milk or beef-tea, they constitute a valuable addition to our resources in feeding the seriously sick. When prepared from the cereal flours in the usual way, they can only be made of feeble nutritive power, if their liquid character is to be preserved. These flours are very rich in starch, and gruels made from them become thick and pasty if the proportion of flour used in their preparation rise to four or five per cent., and a gruel of this strength does not contain more than one-half per cent. of proteid matter. But, if the meal be mixed beforehand with one-eighth of its weight of ground malt, you can prepare from these flours gruels of much higher nutritive value, and still preserve their liquid character. The diastase of the malt acts upon the thickening starch as the heat rises, and converts it into soluble starch and dextrine. These fortified gruels can be made with as much as 20 per cent. of meal, and still maintain the fluid state. Such gruels contain about two per cent. of proteid matter, and about 14 per cent. of carbo-hydrates, and are admirably adapted, combined with milk or beef-tea, to supply a varied kind of liquid food of highly nutritious character. Mixtures of this class seem especially suited for the nourishment of cases of typhoid fever.

A matter of interest in designing food for the sick-room and nursery, is the consideration of the special properties of the several kinds of cereal and leguminous substances used as a food. In point of chemical composition, the several kinds of cereal grains are closely allied; still, there are differences between them, and these differences may be of importance. The proteid of wheat is not quite identical with oats or barley. On the other hand, leguminous seeds differ importantly in composition from the cereal grains. Taking the lentil as a type of the leguminous group, it is to be observed that lentil-flour contains twice as much proteid matter as wheat or oat flour, and almost twice as much lime. Moreover, the proteid of the leguminous seeds differs materially from that of wheat or oats. These differences are probably of not a little importance in feeding the sick and the young; and, if we had more knowledge and experience in their use, we could, perhaps, utilize with advantage these several cereal and leguminous products, and combine them in varied ways to meet the indications and necessities of different cases.

You must all have observed how there has grown up in these latter years an enormous trade in prepared "foods" for infants and invalids. The very success of this trade is some evidence of the usefulness of these articles. Their composition is generally made more or less of a secret, but whatever secret there

*Cold-made meat-infusions keep badly. They should be preserved in a cold celler, or, still better, on ice.

be must be hidden within a very narrow compass. The several possible flours out of which these "foods" are mingled can be easily counted—wheat, barley, oat, maize, pea, lentil, and one or two others. Three are the ingredients—with malt-flour in some cases—out of which they are all compounded. Now, I cannot help thinking that it would be an advantage both to ourselves and to our patients, if we knew precisely what we were about in this matter, and if we were in a position to prescribe for infants and invalids the several kinds of farinaceous aliments in proportion known to us, instead of blindly using some mixture of which we know not the exact composition. It is impossible for us to make progress in dietetics on such a path. I can quite believe that these flours have their special excellencies, and that they are severally adapted for different cases and conditions. In the first place, they have distinctive flavors, and thereby may be made to contribute to the important end of providing change and variety for the invalid. Moreover, the faculty of "agreeing" of the different flours, in reference to the individual idiosyncrasy, is a point of not a little significance. Lastly, the difference of chemical composition between the cereal and leguminous flours must have an important bearing on the dietetic uses of these two groups of aliments. It is, I repeat, a serious disadvantage that the control of the preparation of food for the sick-room and nursery should pass from the hands of the medical attendant to those of the purveyor. In the matter of drug-giving, all enlightened practitioners are chary of prescribing secret remedies. Such a practice, it is felt, must be fatal to the intelligent use of drugs. So it is with providing food for the sick. What we want is to have at our disposal a supply of the several articles of food in their simple state, and suitable appliances in connection with the sick-room or nursery for cooking and combining them in various ways according to the exigencies of our patients.

If I were asked to enumerate the ingredients and apparatus which are necessary for the cuisine of the sick-room and nursery, I think I could do so very briefly. In addition to the resources of the domestic kitchen and larder, the sick-room kitchen should contain a supply of the following flours: oat, maize, malt, and lentil flours in a finely pulverized condition, and freed from bran. It should be provided with a solution of soda bicarbonate of known strength. This would be of use to add to milk when necessary, and to assist in the preparation of peptonized articles of food. Next to these would come a reliable pancreatic extract, and a preparation of pepsin or rennet for the production of whey. The associated apparatus should include a thermometer, wherewith the nurse could, when desirable, heat up cold-made meat-infusions to a proper temperature, and regulate the warmth required in the predigestion of food. A double-cased saucepan would form an indispensable item; this makes an admirable hot-water bath for the preparation of beef-tea and fortified gruels. A pair of scales, glass-measures and a mincing-machine would complete the list. Finally, there should be, for the service of the nurse, a card or sheet containing plain directions for the preparation of the various kinds of liquid food.§

Given these simple appliances, I see no difficulty, in these days of skilled nursing, in the medical attendant being able to prescribe almost any kind of liquid food for his patients in any combination, and having it served up for the invalid in the most suitable possible manner. I have ascertained that there is no difficulty on the part of the miller in producing meals from malt, oats or lentils, freed from bran and coarser particles, and in nearly as fine a state of preparation as wheaten flour. In this state, these meals are susceptible of much more rapid and perfect cooking than when roughly ground. I have little sympathy with much that has been said of the advantages of whole meal and decorticated flour. It has been alleged that the too

§ Messrs. Paine and Benger (Mottershead & Co., chemists, Manchester) have put together the ingredients and apparatus above enumerated in a portable box of which a sample was exhibited at the annual museum.

complete separation of the outer parts of the grain deprives the flour of mineral matter. If we lived on bread alone, there would be some force in this objection; but as that is not so, any that we find in milk, meat, fish, eggs, soups, and fresh vegetables, superabundant provision of mineral matter, and have, moreover, always at our elbows a supply of salt, there can never be any lack of saline materials in our food. The branny matter of the flour is both indigestible and irritating to the primæ viæ; and although it may not injure, or may even be useful, to the strong and healthy, it is quite an unfit element in food designed for the weak and tender membranes of the invalid and infant.

Gentlemen, in bringing my remarks to a close, I should like again to press for a more systematic and a more comprehensive study of dietetics. The effects of diet are profound and far-reaching, and exceedingly subtle. Some inkling of this is got from the history of gout. You all know how slowly and how insidiously the gouty diathesis is developed under the influence of diet, and how it may effect the descendants unto the third and fourth generations. The immediate effects of diet are often not the most important. Behind these are remote sequences of vital concern to the family and the nation. And it is not solely in regard feeding the sick that a scientific knowledge of dietetics is useful. There are public questions of moment, affecting the food-habits of the people, the consideration of which ought not to be dominated exclusively by popular opinion. In legislating on such questions, it is of the last importance to proceed on correct lines; for it is certain that any policy which ignores the instincts of mankind and the laws of nature is foredoomed to failure. I believe that a comprehensive study of these questions from the side of history, and of natural history, would throw unexpected light on the issues involved, and furnish data of great value for the guidance of the legislator and of the social reformer.

Correspondence.

Editors Maryland Medical Journal.

Gentlemen:—In treatment of cicatrices of the face, particularly of the lower jaw, all unsightly scars may be avoided by using a dressing of perchloride ferri 3 i, collodion 3 ij.

Let the cicatrix be cut clear off and the dressing applied fresh every day, and a barely perceptible line will be the result.

Great damage is often done by non-attention to the 6 year molars, so prone to decay and form alveolar abscess. The pus burrows downwards in young persons, on account of the spongy state of the inferior maxilla at that age, often without causing much pain, until suppuration becomes highly offensive and calls special attention from that cause. I had lately a case that had been allowed to run over a year without the medical attendant calling attention to the matter, and found necrosis had set in, but with removal of the cause and treating as above the girl is without a visible mark.

D. Genese.

Baltimore, Md.

On Feeding of Sickly Infants.—In a hospital case cited by Dr. Adams, of Washington, in which the patient, an infant of 18 months, was dying of starvation from insufficient food and irregularity of feeding and had been given up to die by the physician in attendance and others of the hospital staff; he ordered, bismuth subnit. gr. v, spt. frumenti gtts. vij., to be given every two hours; and barley-water, one-third; cow's milk, two-thirds; two ounces to be given every two hours. Everything else to be suspended. The mother was extremely careful in her management, and even to the minutest details carried out the doctor's directions. The child immediately began to improve, and from an emaciated, sickly infant grew in a few months to be a healthy rollicking baby. He calls attention to the case as illustrative of what systematic feeding, conscientiously carried out, may do for delicate children.

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BALTIMORE, SEPTEMBER 12, 1885.

Editorial.

CARELESSNESS IN DISPENSING DRUGS.—The sad accident which occurred last week at Hoboken, N. J., by which two young ladies lost their lives through the carelessness of a druggist who dispensed morphine instead of quinine in compounding a prescription, we regret to say is but the last of a long series of such events, although in this case the circumstances of the occurrence, in view of the fatal result, were particularly lamentable and heartrending. Indeed, such accidents are becoming alarmingly frequent. It has been only a few weeks since that an almost parallel case occurred in Baltimore, which resulted in the death of little girl of three years, the daughter of Dr. Wiley, a physician of this city. The little patient was suffering with an attack of remittent fever, and her father proceeded to a drug-store in the neighborhood of his home, in order to have filled a prescription containing quinine. Through the careless stupidity of the drug-clerk morphine was substituted for the quinine with the sad result mentioned above. An examination after the accident failed to discover any quinine in the shop. In this case the clerk who made the fatal mistake proved to be an unregistered clerk, who had never attended the school of pharmacy, and we believe was incompetent, and therefore should not have been allowed to compound prescriptions; while in the Hoboken case the direct cause of the mistake was very different. The druggist, Mr. Am Ende, is a gentleman of long experience and high attainments in his profession, and is widely known to physicians for his carefulness and skill as a pharmacist, and he can only account for his lamentable error by the fact that some persons who were in his store at the time persisted in talking to him and thus distracted his attention from this work. This explanation is certainly a plausible one, and we join in the universal sympathy felt for Mr. Am Ende, and appreciate the deep-felt mortification which impelled him to attempt the sacrifice of his own life in order, it it would seem, to atone for the lives lost through his mistake. There can be no doubt that druggists strive to eliminate every possible source of error occurring in their business; but, nevertheless, the number of mistakes which are made and which come to light is alarming, and possibly, indeed, very probably there are many blunders made which are never revealed. Oftentimes an apothecary blames the illegibility of the physician's penmanship as the cause of blunders. It is to be regretted that in many instances this accusation is a just one, as the writer has frequently heard of the druggist being compelled to hunt up the scribbler to learn the meaning of his hieroglyphics. This should not be so. Physicians should take the time to bestow care upon the writing of their prescriptions, and there are but few men who write illegibly when their writing is done slowly and with care. The saying that, great men always write badly, may be true to an extent, but certainly the physician's usefulness is much enhanced by good penmanship, while hurry and carelessness go hand in hand and leave in their track the most direful results. But Mr. Am Ende's explanation of the probable cause of his mistake suggests that some reforms pertaining to the management of the apothecary's business, as it is now carried on, which we believe would at least furnish other barriers against error. The ordinary drug-store of to-day will be found filled to overflowing with a great multiplicity of articles, many of which hold little or no relation to the practice of the healing

art. Patent medicines, the destroyer of health and happiness, abound in profusion. It is oftentimes the cigar-store; the telephone and telegram station; the newspaper stand; the candy, store; and, alas, the drinking fountain, and what-not, of the neighborhood. It thus becomes the trysting and respectable loafing place of many during a portion of their leisure hours. Now this might be all very well for trade and money-making, but certainly the prescription department should be far removed from this busy mart of trade, so as the dispenser may be out of the reach of the distracting influences of idle talk, and, we may add, the personal pressure of those impatient individuals, often met with, who in their folly seem never satisfied unless the druggist uses all possible, or impossible, haste in filling their prescriptions. We have seen druggists hurried almost to distraction by the importunities of thoughtless people of this stamp; and, what is more, in a large majority of instances, this maddening haste is not prompted by any threatening need of the sick. Again, the druggist should always have a force of dispensing clerks in proportion to the extent of his prescription business. This would not only prevent undue haste in busy times, but also be a safeguard against the temptation of giving inexperienced and incompetent clerks responsible duties to perform.

Every dispensing clerk should be thoroughly conversant with his business; and, further, all unnecessary conversation, either among the clerks themselves or between the clerks and customers, while the former are engaged in their responsible work, should be strictly prohibited. The night-clerk should be a man thoroughly alive to the responsibilities of his position, for if he be not so sensitive he will, without doubt, often remain half-asleep whilst handling the drugs and occasional mistakes then become inevitable

Now, all accidents occurring through mistakes of the apothecary militate somewhat against the medical profession. The public look upon the apothecary and upon the physician as so nearly related in their interests and their work that, speaking generally, carelessness or untrustworthiness in the one, lowers the estimation of other; and, in point of fact, the apothecary is the physician's responsible and trusted agent or helpmate, relieving him of the drudgery of dispensing his remedies. No one, we trust, will attempt to deny the interest and responsibility of the medical profession in this matter, and the important question in regard to it is, how can we, the members of the medical profession, bring our influence to bear so as to reduce to a minimum the possibility of mistakes occurring in the dispensing of our remedies? It is a strongly realized fact, that it is much easier to indicate the need of reform than to meet such indications by a reformation; but we would suggest two points which are self-evident in their applicability and importance, which are, first, the physician will do well to look carefully to the correctness, neatness and legibility of his prescription; and, secondly, select the apothecary who is to compound such prescription; and, in this selection, let the purity and reliability of the drugs and preparations, the carefulness and trustworthiness of the apothecary and his clerks be the controlling feature which influences his judgment. Such an apothecary's charges may be, and perhaps are necessarily, a trifle in advance of other and inferior druggists; but cheapness should not be allowed to be an element of a choice, where the health and welfare of our patients is concerned.

The druggist is the physician's right-hand man, who relieves him of laborous, yet extremely responsible duties: then certainly the physician should hold tenaciously to his prerogative, the right of selecting whom his druggist shall be. We believe that if this selective right was more fully exercised it would have a salutary influence. There would be started a weeding-out process, resulting in a "survival of the fittest." Only the druggists who are to be, in every respect, fully relied upon, and who command every facility requisite to dispensing, should be employed. These will remain as prescription druggists, while the others would of necessity drift into a general

drug and fancy business, or, perhaps, withdraw altogether from the scene. We are convinced that this discrimination must come sooner or later; and the sooner the better.

In Baltimore, thanks to the excellent system of teaching and rigid examinations of our Maryland School of Pharmacy, we are supplied with an excellent set of dispensing and manufacturing druggists; but the reforms herein suggested are, nevertheless, to a great degree, applicable.

Let the medical profession see to it that these abominable errors cease multiplying, for with it lies a large share of the accountability.

Convulsive Cough.—The pathology of whooping, or convulsive, cough has long been, and is still, somewhat of an enigma. That there are strong reasons for believing it an infectious disease, to be classed with measles, scarlatina, etc., no one will attempt to deny. But, on the other hand, the large number of cases arising spontaneously, and the frequency with which it is coincident with, and dependent upon ordinary catarrh of the respiratory organs; and, again, in as many instances, the decided lack of infective power exhibited, with the very apparent failure to spread from any one centre, although fitting material be constantly presented to it; while its tendency seems rather to appear among and infect small numbers of individuals who are brought closely and continuously in contact with each other, without its being transmitted to their occasional visitors, and without spreading throughout the neighborhood, although the children come into occasional but direct contact; all are facts which prove puzzling to the observer when the disease is viewed as an infectious one. Much has been written on the subject, and a great variety of views have been presented by men whose professional position demand attention and respect.

The latest contribution to medical literature on the subject is from the pen of Dr. Octavius Sturges, of London, (*London Medical Times and Gazette*, July 4th, 1885).

Dr. Sturges, in view of the "intolerable enigma," as he is pleased to call it, from which he believes there must be some way of escape, asserts, and argues ably in support of his assertion, that there should be recognized a form of convulsive cough, separate and distinct from the so-called whooping cough, which is an infectious disease. This convulsive cough, characterised by its non-infectiousness, may, nevertheless, he claims be transmitted through a nervous contagion or a form of imitation, unconscious and involuntary as it is beyond control. The same sort of contagion which is often seen to start a roomful of people gapping, because of the impolite indiscretion of some one of their number allowing himself to be visibly drawn within the pale of Morpheus's power. Furthermore, this milder complaint is brought about by an attack of catarrh, which it renders more prolonged and severe, continuing long after the convulsive complication has disappeared. Other members of the family may be "now more and now less" affected; even has it been known to affect the middle-aged father of the family.

In finishing his interesting paper, Dr. Sturges writes as follows: In conclusion, let me put the substance of what has been said in such dogmatic shape as may be most convenient whether for acceptance or contradiction. Provisionally, then, and not unconscious of the difficulties which surround the subject, I would venture to formulate my proposition as follows:

(1) Convulsive (or whooping) cough is a purely nervous phenomenon, the expression of a special liability of childhood in respect of spasm, of which other illustrations are to be found in laryngismus and spasm of the glottis.

(2) Pulmonary catarrh in young children may at any time give rise to convulsive cough, and does, as a fact, frequently give rise to it apart from any special infection.

(3) Convulsive cough in childhood, being thus intimately associated with catarrh, is apt to excite special attention at such times as catarrh is epidemic, and to have ascribed to it the characters

that properly belong to such epidemic.

(4) The occurrence of convulsive or whooping cough adds appreciably to the danger of catarrh in young children, and affords ample grounds for their separation from others, since it is beyond dispute that such convulsive cough is often communicated.

(5) The fact that in the epidemic catarrh of children the nervous adjunct of convulsive cough is sometimes present and sometimes not, is accounted for by considering that every such epidemic has characters of its own, that functional nervous disease of whatever kind is very unequal in its geographical distribution, and that once developed it has a tendency to persist and to spread by the operation of sympathy or unconscious imitation.

Excision of the Rectum for Epithelioma.—In the Report from St. Thomas' Hospital, London, (*British Medical Journal*, July 4, 1885) Mr. Sydney Jones reports the following case of excision of the rectum for epithelioma, the result of which shows, in his opinion, the advantage of excision, where it can be performed, over colotomy, in malignant disease of the rectum.

The patient was a grocer, 58 years of age. His father had died from accidental causes; his mother lived to the age of 101; two brothers had died of consumption. The patient himself had always enjoyed good health until eight months before, when he had first noticed bleeding after action of the bowels; two months later, he suffered aching pains about the rectum; he had improved under treatment, and was comparatively well until about two weeks previous to his admission to the hospital, when his old symptoms, pain and bleeding during defecation, had reappeared. Slight diarrhœa had also been a symptom.

During the whole of the eight months he had been steadily losing flesh, and on admission he was sallow and anæmic; and complained of constant pain in the rectum. The bowels acted five to six times daily, the actions being semi-fluid in consistency and contained a small quantity of blood. Examination revealed the presence of a new growth within the rectum commencing at about an inch within the bowel and causing a slight annular constriction. The growth consisted of numerous firm papillary elevations on a hard base, situated chiefly at the back and sides of the rectum and not surrounding it. The growth allowed of the passage of the finger, but a good deal of pain was caused. The urine was normal, and there was no evidence of glandular affection, and the internal organs functioned healthfully.

After ether had been administered and patient placed in the lithotomy position, an incision was made from the anus to the tip of the coccyx; two semilunar incisions were then made on each side of the anus, joining the other incision behind. A stout piece of silk was passed through the buttock on each side of the anus, and the edges of the wound drawn widely apart. The gut was dissected up all round until the upper limit of the growth was reached, and then the bowel with the growth was separated with scissors from the part above and about three or four inches of the whole circumference of the bowel was removed. The remaining gut was then pulled down and secured to the edge of the wound with silk suture; drainage-tubes were placed, one on each side and brought out behind. Carbolized dressing was used. A slight wound in the peritoneum was made in removing a gland found in the sub-mucous tissue; this was immediately closed by two cat-gut sutures, so that no septic influence occurred. Although little blood was lost, the patient suffered much from shock, and a brandy enema was requisite. Temperature in the evening after the operation was 93°. For the first few days the patient suffered much with pain in the perinæum, but recovery progressed favorably, and on the sixteenth day the drainage-tubes were removed, the stitches having been removed on the ninth day after the operation. He was kept in bed three weeks or more until the wound had quite healed, and improved rapidly in health and weight.

One month and a half after the operation the anus presented a somewhat pat-

ulous opening, formed by the mucous membrane of the rectum, which was slightly everted. The patient was not able to control his motions, but experienced no pain and expressed himself as obtaining the greatest relief from the operation.

In three month's time the patient presented himself at the hospital greatly improved in appearance, having gained much in weight. Examination at this time showed the mucous membrane to be smooth and apparently healthy. The anal orifice was contracting, and he had more power in retaining his fæces. The growth presented microscopically the characteristic appearances of epithelioma.

Miscellany.

THE CAUSES AND PREVENTION OF SUBLIMATE POISONING FROM IRRIGATION OF THE PUERPERAL UTERUS AND VAGINA.—In a paper in the *Archiv. für Gynakologie* (Bd. XXV, Hft. 3), Dr. Otto von Herff discusses this most important subject. "In my last report, published in the May number of this journal, I drew attention to the dangers of this remedy. A number of fatal cases and the modes of death were then alluded to. There can be no question of the danger of this remedy. There is, at the same time, no question as to its great value. A critical enquiry as to the causes of danger, with a view to their avoidance, may therefore be most profitable." As a result of his labors in this direction, the author concludes:—

1. That a considerable quantity of fluid may be retained in the vagina after an injection by the constrictor vaginæ and levator ani muscles.

2. That toxic phenomena, after vaginal and intra-uterine injections in puerperal cases, arise mainly from absorption of the fluid through the vaginal *mucosa*, as, in the case of uterine injections, the fluid usually excites firm contraction of the uterus, thus closing any avenue of entrance to the circulation and securing expulsion of contents.

3. Absorption through the vagina is only possible when prolonged contact of the fluid obtains, especially when such contact occurs with increased intra-vaginal pressure.

4. It is probable that in most of the published cases of poisoning the absorption took place principally through the vagina. In two of these cases vaginal irrigation only was practised.

5. Direct entrance of corrosive sublimate solutions into the abdominal cavity or circulation results from increased pressure in the vagina from contraction, or when the Fallopian tubes are unusually patulous. Such an occurrence is rare, and can only happen when the irrigating fluid escapes imperfectly.

6. In all vaginal and uterine injections with sublimate solution, the greatest care must be taken to secure free return flow and so prevent any retention of the fluid, especially under pressure.

In order that the dangers of sepsis to lying-in women may be reduced to the minimum, Von Herff recommends:

1. Careful disinfection of accoucheur, midwife, and nurse.

2. At the outset of labor, careful bathing of the genitals with weak sublimate solution and removal of pubic hair.

3. During normal labor, prophylactic vaginal injections are superfluous. Only in cases of suspicion of infection from the attendant or in suspected decomposition of the secretions, as in tedious labor, are vaginal injections of 1-3000 or 5000 corrosive solution necessary.

4. Similarly, prophylactic intra-uterine injections after normal labor are equally unnecessary. They are only necessary when the hand has been introduced within the uterus, when any putrefaction of uterine contents has taken place, or after the birth of a putrid or macerated fœtus.

5. The remedy is unnecessary, and may be injurious, during a normal puerperium. But, on the other hand, in puerperal disease requiring intra-uterine treatment, it may be thus employed, and is usually most efficacious.

6. The stronger solutions of say 1-1000 are only to be used in dangerous puerperal fever.

For the actual performance of irrigation with sublimate solutions, the author lays down the following rules:

1. Use small quantities of the fluid—one or at most two quarts.

2. Perform the operation of irrigation as quickly as possible.

3. Secure free return flow both during and after the irrigation, especially in cases where there seems to be free escape of fluid. For this purpose a finger is to be inserted in the uterus or vagina, as the case may be, by the side of the tube and the retracted perineum. In cases of suture of lacerated perineum, a return flow tube may be necessary. The author further recommends that in extensive wounds of the genital tract irrigation with corrosive sublimate solution is to be avoided entirely; also in anæmic persons and those affected with chronic kidney disease, and in women who have been treated with mercury, they are to be used with great care or dispensed with entirely. The accoucheur himself only is to administer intra-uterine injections. The very weak solutions of 1-5000 are alone to be entrusted to nurses. The best apparatus for administration of the douches is one which, through height of its fall, secures a continuous flow. For this purpose twenty-six inches is all that is necessary. The utmost cleanliness of instruments and all surroundings is necessary. *Canada Med. and Surg. Journ.*

Case of Recovery From Malignant Pustule.—Dr. W. E. Buck, physician to Leicester Infirmary, (*Brit. Med. Jour.*, July 4, 1884) reports the following case: Mr. F., aged 31, a veterinary surgeon, experienced on October 6th a stinging sensation at the back of the right wrist. A small bleb was formed, which he scratched off, and there was some tenderness of the elbow and arm-pit. He had a slight rigor. On October 8th he was seen by Dr. Meadows, who prescribed salicylate of soda and tincture of aconite in frequent doses, as his temperature was 104°, and the rigors continued almost the whole of the day. A black eschar began to form on the afternoon of the 5th, and on the 9th it became about the size of a sixpence; its base was red and œdematous, and surrounded by some vesicles in a circular shape.

The temperature was nearly 104°; the patient felt cold, and his tongue was foul. I visited the case with Dr. Meadows, and we injected pure carbolic acid under the eschar, using an ordinary hypodermic syringe. Unfortunately, we could only introduce a small quantity, as it oozed out in the withdrawal of the syringe, and with it a serous-looking fluid. I dried some of this fluid on a cover-glass, stained it with methyl-violet, and found the well-known bacilli of anthrax. We prescribed large and frequent doses of soda-hyposulphite, and ordered also a large quantity of meat. Under this treatment he rapidly improved.

On October 12th we again injected carbolic acid. The temperature came down, and, as the patient said he felt all right, the hyposulphite of soda was reduced to three times a day. The eschar did not finally separate for nearly six weeks, and the ulcer then soon healed. I believe that the main remedy in this case was the injection of pure carbolic acid, a mode of treatment which does not seem very painful.

There was a clear history of the disease, which was contracted exactly twelve days before its first appearance, Mr. F. having examined the flesh of an animal that had died from anthrax.

Malignant Tumors in Children.—Dr. Picot (*Archv. di Patol. Infan.* [from *Deutsche Med. Zeit.*] Nov. 1884), affirms, upon the basis of published statistics, that not only are malignant tumors common during the period of infancy, but they are most frequent among children during the first year of life. Congenital tumors were found to be located most frequently in the kidneys and genital organs, while in the second period of childhood tumors of the eye and of the bones were most common. From a series of 322 cases analyzed, it was concluded that the development of new growths during the first five years of life was nearly equal for each year. After the seventh year, malignant tumors became less frequent. Males are subject to these diseases more frequently than females. The organs which are commonly the seat of carcinoma in adults are also the ones which are usually

affected in children, the kidney and eye being oftenest selected. As to anatomical varieties, sarcoma and medullary fungus are most common. The initial stages of development of these growths often present no symptoms which excite attention. Later, intense pain is felt on account of pressure upon sensory nerves. The cancerous cachexia is as evident in children as in adults. The rapidity of development varies with the anatomical structure also as in adults. Operative interference is indicated when the disease has not progressed too far. Recurrence after operation is common, but cases have occurred in which recovery was permanent.—*Archiv. Pediatrics.*

A Mixture for Whooping-Cough.—M. H. Roger, *Union Med.* prescribes the following formula:

Tincture of belladonna,		5 drachms.
Tincture of valerian,	each	75 grains.
Tincture of digitalis,		

For a child two years old, begin with five drops daily; increase the amount by five drops each day until it reaches thirty drops. The initial dose and the increment are ten and fifteen drops respectively for children between two and five years old and for patients who are still older. If the valerian is not well borne; tincture of musk may be used instead. When nervous and spasmodic symptoms predominate, the author resorts to chloroform, giving to children between two and five years old from six to thirty drops daily, in two ounces of gum julep. —*N. Y. Med. Journ.*

Lateral Incision for the Prevention of Rupture of the Perinæum.—Drs. Credé and Colpé, of Leipzig, are the authors of a paper on this subject, which appears in the *Archiv. fuer Gynakologie* (Band XXIV, Heft 1). They discuss the practice of incising the perinæum laterally in order to prevent its tearing centrally. The objections brought against it are these: (1) That the incision becomes an ulcer, and disturbs the healthy course of the lying-in. This they prevent by bringing the edges of the incision together by suture, with the result that primary union almost invariably follows. They have devised an ingenious method for applying this suture, but without the assistance of diagrams it is difficult to make this understood; we must therefore refer our readers to the paper, where they will find illustrations that make it perfectly clear. (2) That germs of disease may enter through the wound. In this respect the prospect is no worse than that from a torn perinæum. Injury to the perinæum only to a slight appreciable extent increases the lying-in woman's chance of disease or death. Out of 2,000 deliveries in Leipzig, among those with uninjured perinæums the death-rate was .954 and the morbility 2.94 per cent.; among those with torn perinæums the mortality was .934 and the morbility 3.24 per cent. (3) That the incisions do not invariably prevent perinæal rupture. To meet this the authors give a table of the percentage of cases in which lateral incisions were made and of those in which rupture of the perinæum occurred, in the practice of five different assistant physicians; and the table shows that the frequency of incision and the frequency of rupture stood in inverse proportion to one another. They also state that since incision has been practised, not a single case of complete perinæal rupture has occurred. (4) That the cutting is painful; to which ths authors reply, that it is done when the patient is already in much pain, so that she does not notice it. (5) That it leads to subsequent gaping of the vulva. This our authors deny. They believe, in short, that the lateral incision is extremely useful and absolutely harmless. We may add, in order to give an idea of their practice, that in primiparæ, lateral incision was practised in 25.9 per cent., spontaneous rupture took place in 10.4 per cent., and rupture in spite of incision in 2.9 per cent. In multipara, the corresponding figures are: lateral incision, 1.2 per cent.; spontaneous rupture, 2.4 per cent. They give figures also which show the influence of perinæal ruptures in causing illness during the lying-in period. The percentage of primiparæ, whom it was necessary to keep in the hospital longer than a fortnight, was 23.1 among those with per-

inæl cuts or tears, 11.4 among those in whom the perinæum was uninjured. In multiparæ it was only 6.8 per cent. The authors recommend that the incision should be made just after the acme of a pain, *i. e.*, just as it is beginning to pass off.—*Lond. Med. Times.*

Digital Tenotomy in Pianists—Dr. Noble Smith writes to the *Brit. Med. Jour.* as follows: The operation referred to in the *Journal* of May 30th, as practiced by Dr. Forbes, of Philadelphia (see Journal) promises to be one of great benefit to accomplished pianists as well as to learners. In making some dissections on the dead body, with a view to determine the usual position of the slips of tendon which limit the action of the extensor of the ring-finger, I found that these vary very much in different cases; so that it becomes necessary to carefully determine their position by the eye and finger, during movement of the extensor-tendon, in each case before operation. I have just succeeded in freeing the ring-finger of the right hand of an accomplished lady pianist, without causing her much more pain than is felt from the prick of a needle. Before operation she was able to raise the finger only five-eighths of an inch beyond the others. Directly after operation, she could raise the finger easily to one-and-a-half inches, without the least feeling of loss of control over its action. The division was, of course, made subcutaneously, so that only a minute wound was left in the skin, one-eighth of an inch in length.

Non-Penetration of the Lining False Membrane in Tracheotomy.—Dr. Maret (*Brit. Med. Journ.* Jan. 24th) writes:

A case, reported by Mr. Osborn, calls forth from Mr. Howard Marsh a letter, in which he stated he had seen the same accident happen twice, though neither case was fatal. There are two conditions in which, although the surgeon may see that he has divided the rings of the trachea, the welcome hissing sound, showing that the canal has been opened, may be wanting. The mucous membrane may be pushed before the point of the scalpel and not opened, or the same thing may happen in the case of the false membrane already, perhaps, partially loosened. When the accident is recognized, it is easily corrected. The edges of the rings should be held apart while the mucous membrane is caught and divided, False membrane may be seized and either cut or drawn out. The writer had known of the accident occurring to several surgeons.—*Archiv. Pediatrics.*

The Treatment of Weakness of the Heart's Action.—In the course of a recent lecture on "Arterial Atheroma and Cardiac Affections," M. Lancereaux (*Union Med.*) remarked that the treatment of systolic weakness should vary with the nature of the case. When it depends on dilatation of the right heart recourse should be had especially to purgatives, for digitalis is no longer efficient, and this is readily understood at the autopsy, when the right heart is found with its walls hardened and stiffened, and remains gaping after it has been cut open. When, however, the weakness is due to atheroma of the coronary arteries, even if at the same time the heart is a little steatosed and sclerosed; digitalis acts more energetically, and it is of great service to use it in conjunction with othes diuretics. The author often uses the following formula:

Scammony, Squill. Digitalis,	each	15 grains.

Divide into twenty pills, from four to six of which are to be taken daily, a milk diet being prescribed at the same time. —*N. Y. Med. Journ.*

The Etiology of Rheumatism; Its Epidemic and Infectious Tendencies.—The circle of diseases with clearly demonstrable or strongly suspected microbic origin is rapidly enlarging, enclosing by this nearly all of the so-called zymotic diseases in addition to syphilis, tuberculosis, diphtheria, pneumonia, cholera, and all septic infections. The time is obviously near at hand when all constitutional affections will be referred to specific germ life.

To include also the constitutional affection known as rheumatism in the number of diseases depending upon microbes is, therefore, scarcely atonishing, especially as the generally adopted etiological views are manifestly unsatisfactory.

Prof. Edlefsen, of Kiel, communicated his views on the subject in Wiesbaden, and largely resorted to statistical data for their direct or inductive confirmation (supplement to *Centralb. f. klin. Med.*, May 20, 1885). In all the author had the clinical history of eight hundred and forty-five cases of polyarthritis observed by himself or by his colleagues. As to distribution for the different months, the maximum number of cases occurred in January, the minimum in February; next to January stands May, then December. This shows clearly that the temperature as such holds no relation to the cause of rheumatism. In 1883, Edlefsen said the number of rheumatic cases in Kiel was so excessive that the idea of their epidemic nature presented itself spontaneously. There were no unusual conditions of temperature that year to account for the excessive number of cases. It was especially surprising that with unusual frequency a large number of cases occurred in one house or in neighboring dwellings. Another observation of importance was that relative humidity checked the disease, while relative dryness favored its development (the same holds true of pneumonia). This led naturally to the assumption that the virus is of organic nature, and that its abode is in the ground-soil. If we accept this hypothesis of the microbic origin of polyarthritis, we ought to advise such patients as have just passed through the disease to change their dwelling, but to avoid houses in which cases are well known to have occurred previously.

Friedlænder, of Leipzig, with the clinical material of three hundred and seventy-one cases of polyarthritis, confirmed the views of Edlefsen in all points. According to this observer, rheumatism is a house-disease like pneumania, depending upon a microbe existing in the ground-soil of dwellings. That the maximum of cases, as stated above, occurred in January, the minimum in February, can be explained by the ascent of the microbes on account of the heated, hence rarefied and rising currents of air prevailing in the houses in January, while in February, on account of the continued heating and drying, a certain exhaustion of the subsoil, viz., a diminution of containing germs, naturally ensues. The infectious nature hence of polyarthritis is almost self-evident, as such large clinical material of such eminent observers is entitled to the utmost confidence.

Vierordt, of Leipzig, goes yet a step further, and believes even in the contagiousness of rheumatism. He observed so many instances in the city hospital of what appeared propagation by contagion, that Wagner, the physician-in-chief, ordered the isolation of rheumatic patients. It is probable, though, that the hospital itself was an infection focus, as was well known to be the case with the old Jacob's Hospital in Leipzig. Friedländer believes the period of incubation of rheumatic polyarthritis to be at least five days.—*Ther. Gazette.*

The Argument as to Consanguineous Marriages from the Lower Animals.—The *Boston Med. and Surg. Journ.* (Aug. 27) discusses this subject in the following language:

"The important question which is the subject of a contribution on another page of the Journal, is one which in the human subject must always be difficult of solution, on account of the many complicating circumstances which are present in every case of consanguineous marriage, and because of the impossibility of controlling the experiments. For this reason particular interest attaches to the study of the effects of breeding animals. The objection against analogies so drawn, that animals coupled by breeders are selected for their freedom from defects and are therefore not fairly representative of what may be expected from human unions, is faulty for the reason that as bearing on the influence of consanguinity it is just those cases when all extraneous influences as

those of morbid inheritance are shut out that give the best opportunity for judging fairly of the effect of consanguinity as a factor.

"The opinion of Darwin is well known, that all beings, animal and vegetable, profit from an occasional cross with individuals not kindred in origin. There can be no doubt in any mind that when once taint or degeneration has begun to develop in an animal the only salvation for the offspring of such an individual lies in the obliteration or mitigation of the defect through the admixture of a blood free from any similar imperfections, such a result being attained with the greatest certainty in an individual having no kinship with the one affected. The chance in nature that animals and plants by continually uniting with individuals near, by propinquity and relationship, will fail to obliterate, and will in fact intensify any incipient abnormality, is so great that nature has provided, notably in the great order of orchids, for a system of cross fertilization by the mediation of insects. Yet in some variety of orchids and in many other plants self-fertilization is the rule. Incestuous unions among animals in a natural state are by no means uncommon.

"When through the intelligent selection of the stock-breeders the animals brought together are both perfect specimens, even though closely related, the offspring is not only free from deterioration, but often presents an intensification of the good points of his progenitors. This was, in fact, the means by which Bates, Bakewell, the brothers Collings, and other famous English breeders developed some of the most remarkable breeds of cattle.

"The criticism has been made by some writers that those various created breeds of animals are, after all, abnormalities—"perfect pathological specimens," as Mitchell puts it—not so useful to themselves as their less highly bred fellows. Of course various points may be selected for which to breed, for instance, either wool or flesh in sheep, draught or speed in horses. An excessive development of fat, as in a prize pig, may impair not only the physical symmetry, but the power of locomotion and of procreation. But that animals are necessarily deteriorated by being bred for some particular point is by no means true. The most eminent authorities agree that for indurance of work no horse can beat the thoroughbred.

"There is, we are aware, still a dispute among cattle-raisers as to the desirability of long-continued in-and-in breeding, some claiming that such animals will sooner or later "run out" unless crossed. Into this controversy we do not propose to enter. We will simply state that it has been the custom of many breeders to mate animals which presented the desired qualities, irrespective of what is considered the accident of their relationship. Moreover, as importers often start with a single pair, the strain is procreated without any outside intermixture, as is done by Price in the case of his excellent breed of Herefords. This breeder did not go beyond his own herd for a bull or a cow for forty years. Of course, when any organ or function in the stock is becoming developed at the too great expense of the others, the in-and-in breeder, like any other, will find it necessary to reinforce the defective side, and a cross becomes necessary, simply because the desired variation can no longer be found in the same family.

"The most important point to be borne in mind in considering the results of in-breeding in animals is that the closeness of the unions is out of all comparison with that attained, or by any possibility attainable, in the human subject. The long period of childhood in man, to say nothing of moral and social considerations, would prevent his ever being united in such closeness of consanguinity as that in which animals are constantly mated. The child of first cousins has 25 per cent. of the blood of his parent's common ancestor. The child of brother and sister has 50 per cent. The man who commits incest with his own daughter can transmit to the child of such a union only 75 per cent. of his blood. Yet the herd books are full of cases of animals having 50 to 75 per cent. of the blood of the progenitor. The great majority of the descendants of the noted

Jersey bull, St. Helier, have more than 50 per cent. of his blood, several have 75 per cent., and one has 87½ per cent. Huth records that the bull Bolingbroke was matched with his half-sister Phœnix and produced the bull Favorite. Favorite mated with his mother, sired the cow Phœnix (2^5). He was then put successively to his daughter, daughter's daughter, and daughter's daughter's daughter, he being the sire in each case. This gave a cow which had no less than 93¾ per cent. of Favorite's blood. She was put to a bull having 62 per cent. of Favorite, and the offspring was Restless, an eminent breeding cow.

"The history of the Jersey breed, formed on a small island no larger than a western farm, and kept rigidly from all foreign mixture, is well-known to all. This in-breeding was directed to one end, namely, the increase of the butter yield, and while a fair production from a good average cow is four pounds of butter per week, a Jersey cow has recently produced more than ten times that weight of butter in seven days. Of course, such a forcing of one function is attended with risk, but who will say that as a whole the purest specimens of the Jersey breed are lacking in intelligence, health, or fertility?

"Mr. Campbell Brown, recently writing in regard to the enormous proportion (some 40 per cent.) of the class of 2.30 trotting horses which are directly descended from one horse, Rysdyk's Hambletonian, and speaking as a disbeliever in in-and-in breeding, says that the above horse was not himself highly inbred, having but 25 per cent. of the blood of another great stallion, and adds, that this is "a degree of in-breeding to which can hardly be rational objection." This per cent. is precisely that which first cousins transmit to their children of the blood of the common ancestors. Whether then we hold with the one, and that a large and growing school of stock-raisers, that the closet incestuous breeding of animals may be practised for many successive generations without evil results, or whether we adopt the entirely conservative view that at least the lower degrees of in-breeding, involving a duplication of blood to the extent only of 25 per cent., are to be safely practised, the inference from the analogy of the lower animals would seem to be that in the human species an occasional union between first or second cousins is likely, so far as concerns the single fact of consanguinity, to give rise to no deleterious results."

The Microbe of Albuminuria and the Relation of Albuminuria to Eclampsia.—The Paris correspondent to the *Brit. Med. Journ.* (Aug. 8th) says:

"M. Doleris, assisted by M. Poney (Montevideo) has continued his researches (commenced in 1883) on the microbe of albuminuria, and the connection of albuminuria with eclampsia. In a communication to the Biological Society, Mr. Doleris stated that albuminuria, during pregnancy, happened in the proportion of 1 to 20 cases. The urine of pregnant women who are free from albuminuria may present organisms, though every precaution be taken; the proportion is 1 to 5. Dr. Doleris believes this may result from catarrh of the vagina extending to the urethra, and, perhaps, the bladder; this possible cause of mistake must be borne in mind in making researches. Dr. Doleris observed in twenty cases that the urine of pregnant women contained organisms, generally presenting the aspect of small chains. Their blood was examined, and used for artificial cultivation; but organisms were not detected. Nevertheless, Dr. Doleris does not consider that their absence is proved, because only a few drops were withdrawn from a finger of each patient. The blood and urine of five patients exhibiting albuminuria eclampsia was examined; the increase and decrease of the microbes was observed to be synchronous with the appearance and disappear- of convulsions. MM. Doleris and Poney will shortly publish the results of the inoculations, and the chemical analyses they made."

Purulent and Gonorrhœal Conjunctivitis.—Widmark has made extensive observations of cases of conjuncti-

vitis with the view of ascertaining the presence of microbes (*Hygiea*, 6, 9, pp. 404, 592, 1884; *Schmidt's Jahrbücher*, No. 1, 1885). Of four cases in adults he found gonococci in three; in eighteen cases of ophthalmia neonatorum, gonococci appeared in twelve of them. The microbes were either free in the secretion or attached to the pus-cells and their nuclei. In three cases they were found joining the epithelial cells. After a certain time they were noted to disappear, though the catarrh continued. We gain certain important hints for the practice from these observations. It seems possible, then, to abort the disease immediately after infection, as long as the gonococci are in the stage of latency development.—*Ther. Gazette.*

Constipation and Dyspepsia.—Prof. Da Costa prescribed, for a woman complaining of *constipation and dyspepsia*, the following:

℞	Ext. belladonnæ. . .	gr. $\frac{1}{16}$
	Strychninæ sulphat. .	gr. $\frac{1}{60}$
	Pulv. aloes	gr. $\frac{1}{10}$
	Olei cajuputi	gtt. j.
	Extract gentianæ . .	q. s. M.

Sig.—One pill ter die.

—*Col. and Clin. Record*, May.

The Report of the Academy of Medicine of Madrid on Dr. Ferràn's System.—The Sanitary Commission of Germany having recently pronounced against the system of inoculation practised by Dr. Ferrán, the decision of the Academy of Medicine of Madrid with reference to the same, is a matter of interest. Subjoined is the text of their conclusions.

The Academy agrees with the Commission which went to Valencia to investigate Ferrán's methods:

1. That the epidemic which commenced in the eastern provinces, and which afterwards extended to other provinces, is positively Asiatic cholera.

2. With respect to the controversy whether the epidemic is more contagious than infectious, as the Commission affirmed, or if it be infectious and not contagious, as mentioned by Senor Don Martin, in his separate note, the Academy limits itself to the statement that the sllness of which it treats is tramissible from the infected points to healthy ones.

3. The Academy agrees also that the inoculation material used by Ferrán contains comma-bacilli, but adds also that the strength of the inoculation material varies with its preparation, *i. e.*, an equal quantity of the fluid may contain a greater or less number of bacilli.

4. The Academy cannot admit without restriction that inoculation is inoffensive, as is affirmed by the Commisson; for it is impossible to say that, supposing an artificial cholera be produced, it shall not cause some risk to places not attacked, and on account of individual idiosyncrasy, decomposition of the fluids used, or from other causes, not result in the injury of the inoculated individuals.

5. The Academy not having any exact and reliable statistics, is unable to report concerning the efficacy of the process.

6. The Academy agrees with the Commission, that no sufficient reasons exist to lead them to oppose inoculations under the responsibility of Dr. Ferrán, and believes that it is well to inform the public of the doubtfulness of the scientific nature of the inoculations, and of the possible effects of the inoculation upon those who submit to it.

7. The Academy neither defends nor recommends the procedure, as long as its method is kept secret or experience does not prove its efficacy.—*Wiener med. Presse*, Aug. 9, 1885.—*Med. News*, Sept. 5, 1885.

Perchloride of Iron in Placenta Prævia.—Dr. Robert Barnes, the well-known authority on all subjects connected with female diseases, writes as follows to the *Brit. Med. Journ.* (Aug. 8, 1885):

Dr. Gervis, in his address to the Obstetrical Section at Cardiff on Puerperal Mortality, thus refers to the use of perchloride of iron in placenta prævia: "In cases of placenta prævia, it has been my custom for many years.....to mop the uterine surface from which the placenta has been detached with a solution of the perchloride of iron. In the first in-

stance, I did this to check the *post partum* hemorrhage which often occurs from the placental sites in prævia cases; but I believe that not only has it this virtue, but that it acts antiseptically as well, both by its influences on the bruised surface-tissue, and by its astringent effect on the avenues of entrance for germs—avenues which, on account of the cervical position of the placenta, are also more accessible to germs than where the implantation is normal."

The several properties of the ferric chloride, namely, the hæmostatic, tissue constringing, and antiseptic, here referred to, have been insisted upon by me, through not a little criticism, more or less candid, during the last 30 years. It is, therefore, with much satisfaction that I find my teaching endorsed by the experience of my former colleague.

But it is not for the purposes of history that I trouble you with this communication. I am anxious to draw attention to the clinical points mentioned by Dr. Gervis. Of course, in an address of the kind, it was impossible to discuss at all fully the treatment of placenta prævia and hemorrhage. Still it appears to me that the practice, as he describes it, is not free from danger, and therefore requires elucidation, if not correction.

In the first place, abundant experience has satisfied me that "swabbing the part freely with a solution of perchloride or persulphate of iron," which I stated might be desirable (see *Obstetric Operations*, 1876) is not often necessary. If the case be properly managed on the principles expounded by me, of first rupturing the membranes; then (2) of detaching the placenta; then (3) of dilating the cervix if necessary by Barnes' bags, before proceeding to deliver, there will not often be *post partum* hæmorrhage enough to call for styptics.

Further, another remedy stands before the ferric solution. That is, hot water. It is often efficacious in constringing the vessels, and it is therefore wise to use it before resorting to the iron; and also because it is the most effectual means of clearing the uterus of clots. And lastly, I wish to point out that although the iron, has, as I insisted in the Obstetrical Society in 1865, an antiseptic value, this ought not to be counted upon without using certain precautions. The ferric element must be in due proportion to the blood to coagulate it perfectly; and even given this condition at the time, retained clots may undergo decomposition, which may be the source of septicæmia. This danger may not be so great, but it is a possible one. We must not rely upon the antiseptic action of iron as absolute. I cannot do better than conclude this note with the following quotation from the second volume of *Obstetric Medicine and Surgery*, written by myself and Dr. Fancourt Barnes: "The remote danger of septicæmia is minimised by taking care not to inject iron until the uterus is completely emptied; by washing out the uterine cavity with carbolic injections daily; and by the use of all those means to obviate septicæmia which will be indicated in the chapter on puerperal fever." Judiciously employed, ferric injections occupy an important place amongst the preventions of puerperal fever, and in keeping down puerperal mortality.

Hydrochloric Acid in the Treatment of Dyspepsia.—In an article on the treatment of diseases of the stomach ("Ztschr. f. klin. Med."; "Dtsch. Med.-Ztg."), Prof. Talma, of Utrecht, lays stress on fermentation of the contents of the stomach as being either the cause of dyspepsia in the great majority of instances or at least the leading factor in keeping it up. This fermentation is generally due to a deficiency of hydrochloric acid, an artificial increase of which is therefore indicated. For adults, the author recommends a mixture of fifteen grains of the acid and twenty-two ounces of water to be taken in the course of twenty-four hours. The doses had better be taken after eating, and sensitive patients may take them lukewarm. He has observed excellent results of this treatment after the failure of long-continued alkaline medication, and even in cases of ulcer or cancer of the stomach he has seen it subdue such of the symptoms as were due to abnormal fermentation.—*N. Y. Med. Journ.*

New Remedies.—At a recent Medical Congress, at Wiesbaden, Binz read a paper on some new remedies, from which we abstract the following:

Nitrite of Amyl.—Merck, of Darmstadt, prepares small capsules filled with a few drops of amyl nitrite, which are crushed in the handkerchief and then inhaled. (These capsules have been known for years in America.)

Binz reports a case in which the remedy promptly aborted agonizing paroxysms of angina for over five weeks, and was often inhaled twenty times pro die. The patient died ultimately, showing atheromatous and myocarditic degeneration of the heart as the cause of the angina. The complete harmlessness of the drug, as demonstrated in this case, advocates an extension of its employment beyond purely nervous stenocardia.

Arbutin and Hydrochinon.—Our readers know that the former is the crystalizable glucoside of uva ursi, non-toxic even in as large doses as two drachms. Hydrochinon is produced by fermentation from the former. Both drugs check the decomposition of the urine, and thus improve vesical ailments. Given recently in a case of vesical catarrh of nine years' standing to an old gentleman of 68, arbutin proved a valuable drug. Its dose is 15 grains in powder form three times daily.

Eucalyptol, the ethereal oil of eucalyptus globulus, has a peculiar action on the suppurative process. It paralyzes, as has been ascertained, the white blood-corpuscles as soon as they have penetrated the blood-vessel wall during inflammation. The process of tissue-disintegration is hence checked by this drug.

Ichthyol.—This is the salt of ichthyosulphuric acid, and is prepared from fossil fish and other organisms. Unna says there is no remedy which, locally applied, is as effective in acute and chronic articular rheumatism as ichthyol. Its principal indications are, according to Kustner, of Halle, eczema, pruritus universalis, acute and chronic rheumatism even when salicylic acid has failed. The drug is rubbed into the skin in a five or ten per cent. solution; others use subcutaneous injections (1½ grains).

Urate of Mercury.—This preparation is a combination of corrosive sublimate and urea ($HgCl_2 + CH_4N_2O$), and is made by dissolving fifteen grains of corrosive sublimate in four fluidounces of hot distilled water, and adding seven grains of chemically pure urea to the cold solution. Ease of preparation, cheapness, and constancy are claimed to make this a very desirable preparation of mercury. It is easily soluble in water, and does not precipitate albumen. Subcutaneously injected it causes no pain.

The cyanate of mercury is said to offer equal advantages, though abscesses have sometimes been caused by its hppodermic use.—*Ther. Gazette.*

Conception Without the Re-appearance of the Menstrual Flow.—The following remarkable case of frequent conception, without any indication of the periods of ovulation, is reported by Mr. Geo. A. Rae in the *British Medical Journal:*

Mrs. S., aged 44, first menstruated at the age of 11, married when she was 19 years of age, and menstruated a fortnight later. Since that time, she "has never seen her changes, but has always been able to draw off a half-pint of milk from her breasts." She has given birth to ten children, who were born alive and vigorous at the full term; also one at the eighth month, one at the sixth month, and three at the fourth or fifth month of gestation.

He attended her in confinement on June 10th, 1883; she quickened in January of that year. She now informs him that she thinks she is pregnant again. Her last child is about a year old, and the breasts are as full as ever, although she says she must be two or three months advanced in pregnancy.

Medical Items.

The New Committee on the Re-organization of the Congress met in New York City on September 3. We understand the Committee has filled all vacancies occasioned by the resignations of the first appointees. The names of the newly

appointed members we are unable to give at this time.

We are informed that the Father of the American Medical Association, Dr. N. S. Davis, of Chicago, has been appointed Secretary-General.

We are also informed that Prof. A. B. Arnold, of this city, has been made Chairman of the Section of Practice of Medicine.

We understand that the Congress has been thrown open to medical men regardless of their "Code" principles, but that no one has been appointed to positions in the organization of the Congress except "old Code" men. We will have something to say in regard to the work of the Committee when we receive a full account of its deliberations.

The cuca plant from which the new local anæsthetic is obtained, is reported as being planted on a large scale in Ceylon.

Dr. Sands has not Resigned.—We are requested to state that Dr. Sands has not yet resigned his professorship, but will deliver his didactic course next winter as usual.—*Med. Record.*

The *Lancet* says that, according to M. Gillette, iodoform may be rendered inodorous by adding 1 part of sulphate of quinine and 3 parts of charcoal to 100 parts of iodoform.

Prof. Bartholow states that he has better results from the combination of potassium bromide and digitalis in the *spermatorrhœa* of plethora, than from any other remedies.—*Coll. and Clin. Record.*

Professor Berger, of Breslau, well-known as a neurologist, is dead.

Professor Ch. Seby, who had recently been called to the Chair of Anatomy, at Prague, is dead.

The *Med. Record* says: "In the Congo Free State are 4,500,000 people and half a dozen doctors; at least so accounts state."

Dr. W. Osler, of Philadelphia, will preside over the next annual meeting of the Canada Medical Association.

Seven hundred and ninety-one competitors have sent to the Antwerp Exhibition models to compete for the prize of 5,000 francs and a gold medal, offered by the German Empress for the best field-hospital for nursing wounded soldiers. The Empress herself has exhibited a miniature field-hospital, which is much admired. The adjudication of the prize will take place in September.

Dr. Josef Reinsberg has been appointed extraordinary Professor of Forensic Medicine (to lecture in Bohemian) in the University of Prague.

Official List of Changes in the Medical Corps of the U. S. Navy during the week ending Sept. 5, 1885.

Henry Stewart, Surgeon. Leave of absence extended one year, from October 15, with permission to remain abroad.

John M. Steele, Passed Assistant Surgeon. Detached Sept. 1 from Constellation and report for duty at Naval Academy, Annapolis, Md.

George W. Bright, Surgeon. Detached Sept. 1 from Constellation and wait orders.

S. H. Dickson, Passed Assistant Surgeon. Ordered to Naval Academy, Annapolis, Md., as relief of Passed Assistant Surgeon A. A. Austin.

Henry B. Fitts, Assistant Surgeon. Detached from Coast Survey Steamer "Gedney" and wait orders.

A. A. Austin, Passed Assistant Surgeon. Detached from Naval Academy, Annapolis, Md., and ordered to Coast Survey Steamer "Gedney" to relieve Passed Assistant Surgeon H. B. Fitts.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department U. S. Army, from Sept. 1, 1885, to Sep. 7, 1885,

Magruder, D. L., Lieutenant-Colonel and Surgeon. Granted leave of absence for fifteen days.

Middleton, Passmore, Major and Surgeon. Assigned to duty as attending Surgeon at these Headquarters vice Major J. V. D. Middleton, Surgeon, hereby relieved.

Girard, Alfred C., Captain and Assistant Surgeon. Assigned to duty as Post-Surgeon at Boise Barracks, Idaho Territory.

Kane, John J., Captain and Assistant Surgeon. Upon expiration of his present leave of absence to be relieved from duty at Willet's Point, New York Harbor, and report to Commanding General Department of Texas for assignment to duty.

Banister, John M., Captain and Assistant Surgeon. Assigned to temporary duty at camp of Competitors at Creedmoor, New York, arriving not later than Sept. 4, 1885.

Richards. Charles, Captain and Assistant Surgeon. To be relieved from duty in Department of the East and to report to the Commanding-Officer Willet's Point, New York, for duty at that station.

Kendall, William P., First Lieutenant and Assistant Surgeon (Recently appointed). To report in person to the Commanding General Department of California for assignment to duty.

Original Article.

CLINICAL NOTES FROM THE UNIVERSITY HOSPITAL.

SERVICE OF DR. RANDOLPH WINSLOW.

CASE I.—SARCOMA OF INFERIOR MAXILLA—OPERATION.

Capt. D., from N. C, age 55, married and healthy, presented himself for treatment in July. He has a swelling involving the body of the lower jaw on the right side, and extending from about the first bicuspid tooth to the ramus, the tumor being especially prominent at the angle. It seems to surround the bone, and extends some distance inwards. The growth is as yet not large, solid but not very hard, and is only moderately painful. The skin is reddened and somewhat adherent to the tumor. There is no glandular involvement. He first noticed its presence in October, 1884, since which time it has been growing rapidly and has become more painful. No history of injury.

July 29. Made an incision along posterior and inferior border of the bone from middle of ramus nearly to symphysis, dissected up the cheek and sawed the body through with a metacarpal saw in the second incisor space, then separated the floor of the mouth from the bone and divided the ramus on a level with the alveolar process. The facial artery required a ligature, and one or two small vessels, only a small quantity of blood was lost. A portion of the skin, which seemed to be infiltrated, was excised, leaving a gap which could not be closed with sutures. The mucous membrane was sutured separately in order to prevent the secretions of the mouth from gaining access to the wound. The skin was sutured, except at the point mentioned above, which served for drainage. Thorough irrigation with sublimate solution, dusting with iodoform the exposed surfaces, and a pad of oakum completed the dressing. The tumor after removal appeared to be a periosteal sarcoma, surrounding the angle and body of the bone; it was adherent to the submaxillary salivary gland, which was removed with it. The patient soon rallied, had but moderate traumatic fever, which soon fell to normal. There was pain and soreness of the tongue and inability to protrude it, with marked swelling of the lower lip, but by the tenth day these had pretty much subsided. The skin sutures were removed on the seventh day, and the incision was found to be firmly healed, except where the skin was deficient; moderate quantities of pus escaped from this opening. No pus entered the mouth, nor did the saliva dribble from the wound.

August 14. On the sixteenth day after the operation he returned to his home, practically well.

CASE II.—CARCINOMA OF BREAST—OPERATION.

Mrs. B., 60 years of age, German, has had a child; first noticed a lump in her breast eighteen months ago. It occupied the upper and outer segment of the gland, and is as large as the palm of the hand, and is ulcerated and excavated, and emits a characteristic stench. The growth does not appear to be adherent to the pectoral fascia, and the axillary glands do not seem to enlarged. She suffers from lancinating pains. She is fat, and her general health is good.

August 1. Removed whole of right breast, but saved some of the integument from its inferior surface; the pectoral fascia and a portion of the great pectoral muscle was also excised. The axilla was also opened, and a large mass of unsuspected glandular involvement was taken out, besides all the isolated glands that could be found. The axillary vessels were exposed. About six vessels required to be ligated. The breast incision was entirely closed with many points of sutures, and a counter opening for the introduction of a drainage tube was made at the inferior border of the axilla. The tension on the stitches was relieved by strips of adhesive plaster. The usual iodoform dressing was applied. Her temperature rose rather too high for three days, then fell almost to normal. A sudden rise on the fourteenth

day was due to malaria and readily yielded to quinia. Removed stitches on fifth day and found incision entirely healed, except the opening for the drainage tube, subsequently a portion of the wound re-opened slightly from lack of proper support with adhesive plaster. She was discharged on August 18, two and one-half weeks after operation.

A remarkable feature of this case was the presence of a large mass of diseased glands, which could not be detected from the outside; it was partly cancealed behind the pectoralis major muscle. The suturing of the entire wound and the substitution of another point for drainage gave great satisfaction.

CASE III.—DOUBLE HYDROCELE—INCISION.

Mr. F., Carroll County, Maryland, has had a hydrocele on the right side for eighteen months, and now the left side is also filled. He has been tapped repeatedly, first by his physician, subsequently by himself. Has gradually become more and more disabled until he was compelled to seek permanent relief on June 25. He had tapped his right hydrocele on the 19th, and had withdrawn a half-gallon of fluid, but it refilled in a few days, and is now enormously distended and reaches almost down to the knee. The sack is tense and hard, hot and heavy, and no fluctuation can be made out. Its weight and dragging are especially onerous to him. The testicle could not be felt, large veins coursed over the scrotum. The left sac contained a moderate quantity of ordinary hydrocele fluid, and it presented the ordinary signs of hydrocele. His general health is rather poor. Ordered lead lotion to scrotum and house tonic internally.

June 29. Carefully washed and disinfected scrotum, penis and surrounding parts, and made a free incision into the swelling. The skin and subcutaneous tissues were almost one inch thick, the tunica vaginalis almost like leather, much thickened and covered with lymph. The cavity contained a large quantity of stained serum. After removing as much of the adventitious membranes as could be conveniently scraped off, the skin and tunic were stitched together, the cavity irrigated and stuffed with oakum. No reaction followed the operation; on the third day his evening temp. reached 101, its highest point; pulse 100. Owing to abundant discharge the wound must be dressed daily. The induration of the integuments gradually lessened and the cavity contracted. On July 9th the left side was also treated by free incision in the same manner. The cavity was then walled and not inflamed, and in two weeks it had entirely healed, whilst the right side was still discolored and enlarged, but gradually becoming smaller. He left for home in five weeks, one side entirely cured, and the other decreasing, and much more comfortable but not closed up.

Double hydrocele is a rather uncommon condition; and the bruising and irritation produced by the various shocks received in following his occupation set up an acute inflammation on the right side, with thickening of its walls. Any treatment except that of freely laying open the sac would have only increased the trouble; it would have been better, however, if the parietal layer of the tunica vaginalis had been excised. The mortality of the operation is very small, and accrue results in about 98½ per cent. of all cases.

CASE IV.—CONGENITAL PHIMOSIS—ADHESION OF PREPUCE TO GLANS—OPERATION.

B., aged 28; admitted Aug. 15; has congenital phimosis with great redundance of prepuce, the orifice of which is too small to admit a probe or director. He suffers much during the act of urination. Performed circular circumcision, but found it impossible to liberate the prepuce from the glans, as the two layers of mucous membrane had become converted into a cicatrix. The separation was effected by dissection, and the glans of penis was left for the most part denuded of mucous covering. The operation was rendered almost bloodless by the application of a rubber band around the root of the penis.

He enjoyed greatly the ability to urinate without difficulty, and as that object was obtained, he was discharged upon the removal of the stitches on the fifth day.

Selected Article.

THE OPERATIVE TREATMENT OF INTESTINAL OBSTRUCTION.*

BY FREDERICK TREVES, F.R.C.S.,

Hunterian Professor at the Royal College of Surgeons of England; Surgeon to and Lecturer on Anatomy at the London Hospital.

In the history of the science of surgery, it is not difficult to find instances where the progress of surgical therapeutics has been hampered by a nomenclature; and, were such instances not forthcoming, the present subject would at least afford an excellent example. By conventional usage, intestinal obstruction is spoken of as if it were a clearly distinguished ailment, possessed of unvarying characters, and a precise individuality. It is, in reality, a generic term, and one that embraces many conditions. At the most, it expresses a prevailing feature common to many different anatomical states. It is the product of clinical, and not of pathological, knowledge. It is the surviving relic of the old term "ileus," a term that was applied to a certain combination of symptoms, at a time when the anatomical basis of those symptoms was without form and void.

It is now known that the "ileus" of the ancients may depend upon a great variety of anatomical causes, separated from one another, in many instances, by the most diverse characters. Operative surgery obviously can concern itself solely with anatomical data. A symptom is beyond the reach of a surgeon's knife. I venture to think, therefore, that any discussion as to the operative treatment of intestinal obstruction must be founded upon our pathological knowledge of the disease, and must start from that standpoint. "Intestinal obstruction" is hardly a translatable term. It has different meanings to different minds. It is impossible to discuss under one heading the treatment of a collection of symptoms that, although alike, may depend upon such different conditions as fibrous stricture of the bowel on the one hand, and an impacted calculus on the other. It would be as reasonable to consider retention of urine as a distinct and isolated malady, without recognizing that it may depend upon a stricture of the urethra in one case, and an impacted calculus in the other.

The operative treatment of intestinal obstruction is most conveniently considered under three heads: (1) the treatment of acute obstruction; (2) the treatment of chronic obstruction; and (3) the treatment of chronic cases that have become acute. Time, however, will not permit a full consideration of the subject; and I think it will be better, therefore, in the present instance, to deal solely with one phase of the affection, and to limit the discussion to the acute form, since it presents the most urgent claims to the surgeon's attention.

The fairly developed collection of symptoms that make up the condition clinically known as acute obstruction may, for our present purpose, be ascribed to three anatomical conditions: (1) to the hernia-like strangulation of the bowel; (2) to volvulus of the sigmoid flexure; and (3) to acute invagination.

1. *Hernia-like Strangulation of the Bowel.*—Under this former heading, many structural causes of obstruction may be placed. The following are the most common; strangulation by peritoneal bands of all kinds; strangulation by omental ligaments or cords; strangulation by Meckel's diverticulum, or by an adherent appendix or Fallopian tube; and lastly, strangulation through slits and apertures. With the last named would be included internal herniæ. In their precise anatomy these various forms may be, and, indeed, are, often very unlike one another. The lack of resemblance, however, is no more pronounced than is the

*Introduction to a discussion in the Section of Surgery at the annual meeting of the British Medical Association in Cardiff.

From the *British Med. Journal*, of Aug. 29, 1885.

difference between an adherent appendix and an adherent diverticulum,or between these structures and a cord like adhesion, or an omental band. In every instance, a knuckle or loop of bowel is held and kept in bondage until it is strangulated. The mechanism of the obstruction is in all main points identical with that of strangulated external hernia; the general pathology is the same, and, with some minor modifications, the symptoms are the same. For these reasons, I have ventured to class all these forms of occlusion under the one heading of "hernia-like strangulation of the bowel." I do not know by what means the condition of the intestine in these cases could be distinguished from that met with in strangulated hernia; and it is also well to note that the segment of the intestinal canal that is usually involved in rupture is identical with that that is most frequently implicated in the internal form of occlusion. The varieties of intestinal obstruction that are classed under the above general heading are comparatively common, and, indeed, they form together no less than one-fourth of all known varieties of intestinal occlusion, both acute and chronic.

The treatment I would venture to propose is the following: The patient should be placed in bed and kept absolutely at rest. Some relief to the abdominal pain may be given by warm applications to the belly. The primary object in the general management of the patient should be to secure complete physiological rest to the alimentary canal. Physiological activity means increased peristalsis, increased pain, vomiting, and collapse, increased engorgement of the bowel, and an aggravation of the condition of the damaged part. No food of any kind should be administered; the dryness of the mouth and intense thirst may be relieved by sucking ice, or, in instances where this is not well borne, by sipping hot tea. Perfect rest may be brought to the disturbed intestine by means of opium. Some surgeons prefer belladonna; but it appears to me that a hypodermic injection of morphia acts with greater readiness and certainty, and brings about a more complete paralysis of the gut. It must be borne in mind, however, that, by the use of opium, the symptoms are masked, and the administration of that drug should be directed cautiously before the diagnosis has been established. It is well to have the colon emptied—when occupied by fæces—by means of an enema; and, when once the bowels are stilled by opium, thrist may be relieved by copious enemata of lukewarm water, without producing increased intestinal disturbance. So far for the preliminary routine treatment.

The next step should be an attempt at the relief of the obstruction by laparotomy. I would venture to urge that laparotomy should be performed, when possible, within the first twenty-four hours, provided, of course, that the diagnosis be in its main points clear. The arguments that may be urged in favor of an early interference are these. The course of the malady is rapid; its average duration is six days; its termination is fatal. The final issue appears to depend not so much upon the age and state of the patient, or the immediate cause of the obstruction, as upon the amount of bowel involved and the rigor of the strangulation. It is to the speedy relief of the dying intestine that all the surgeon's attention should be directed, With regard to the question of spontaneous cure, it is certainly not impossible, but I have been unable to find any recorded case or any museum specimen that affords an instance of it. Patients who have died of acute obstruction of the kind now under discussion, have had previous attacks of acute occlusion, in no way differing—except in duration and mode of ending—from the final fatal attack. It would be fair to assume—and it is only an assumption—that the previous attacks were of the same pathological character as the final one, but that they ended in spontaneous cure. Certain specimens also point to the possibility of relief by means of gangrene of the obstructing band or diverticulum, and also by the formation of a protected perforation, with the subsequent development of an artificial anus. It must be evident, however, that these meagre data form no excuse for delay. Laparotomy is, of itself, not a serious

undertaking; its high mortality in the present class of cases depends, I venture to believe, upon the fact that the operation is usually undertaken too late. It is regarded as a last resource, whereas it should be the first, since it is the only resource. When once the diagnosis of a strangulated hernia has been established, and taxis has failed, no surgeon, I imagine is disposed to temporize. The condition of the bowel in these cases is identical with that found in strangulated rupture, and the therapeutic principles that apply to the one should apply to the other. It seems to be tampering with life to waste time over the administration of metallic mercury, and enemata of tobacco and the like. To thrust an aspirator into the abdomen, as some advise, is a stab in the dark, an empirical proceeding that leaves everything to chance. Massage, or abdominal taxis, has its advocates, but the procedure is, at the best, a blind one. The manipulation of the abdomen may, by a rare combination of circumstances, reduce the snared loop, but it is as likely to aggravate its condition, and to produce a perforation in a segment of intestine that is approaching gangrene, and that needs the tenderest handling.

Even if the diagnosis be ill-founded, the laparotomy merely resolves itself into an exploratory incision. Such incision adds but a fractional part to the sum total of the risk to life involved; it displays a course of action, and even if it be found to be of no avail, it is questionable whether, in many cases, it hastens the inevitable ending. The use of laparotomy in other than acute intestinal diseases for purely diagnostic purposes has been clearly established, and has been accredited with a position of considerable and undoubted value.

With regard to the performance of the operation, I take it that the incision should be made in the linea alba below the umbilicus, that it should be large enough to admit the entire hand at once, and that it should be made under antiseptic precautions. With regard to the latter point, it does appear to me—speaking only from my own experience—that much of the success of these operations depends upon the observance of the strictest Listerian methods, including the use of the spray throughout the whole of the operation. It is well also that the incision should be a clean cut, and that the use of that uncouth weapon, the steel director, should be discarded. When the abdomen has been opened, the carbolized hand should be cautiously introduced, any protrusion of intestine being prevented by means of a flat warm sponge. One hand should be directed towards the cæcum, and if that part of the colon be found empty and flaccid, it may be assumed that the obstruction is in the small intestine. It is well next to search for the seat of trouble in the right iliac region, about which it is most commonly placed. If the affected loop be not readily discovered, I would strongly advocate Mr. Hulke's plan of feeling for the collapsed coils below the obstruction. These coils are most commonly hanging in the pelvis, and by passing them through the fingers the constriction may be reached without much loss of time. It is needless to point out the difficulty of finding the point required by simply passing the small intestine in review inch by inch. Such a procedure is as likely to direct the surgeon's fingers to the pylorus as to the obstructed loop. The method also of straightening the mesentery, so as to make out its right and left sides, is of much value in preventing the error first named. I think that the practice of allowing the intestinal loops to protrude, and of then examining them in detail, is open to serious objections, apart from the fact of its being quite unnecessary. The procedure is, however, advocated by surgeons of considerable note. I am in the habit, as soon as the abdomen is opened, of placing a large warm carbolized sponge deep in the pelvic cavity. It is removed just before the operation is completed, and its use certainly economizes time and saves much manipulation of the pelvic viscera and intestines by sponging.

Should the bowels protrude, and any difficulty exist in their proper reduction, I would point out that the puncture of the engorged intestine, above the obstruction, for the purpose of relieving

distension, is by no means either a simple or a harmless, or even a useful addition to the operation. The closures of these puncturss in instances where the bowel is much distended, paralyzed, and hyperæmic, is, I venture to think, often not so certain as is sometimes supposed.

When the obstruction has been found, small bands may be torn across, while larger ones may be divided between two catgut ligatures. An appendix, or a diverticulum, should be excised close to its base, and the opening, so made, closed by Lembert's suture, in such a manner as to bring the serous surfaces into contact. Any persisting slit or aperture may be closed by a few points of catgut, so as to prevent any further trouble at the same spot. The involved bowel, if in good condition, that is to say, if still of good color, smooth surface, elastic and resisting may be returned free into the abdomen; but if it have lost its elasticity, be of dull surface, or visibly gangrenous, I am of opinion that it should be resected, and an artificial anus established.

I think that in these cases the immediate suture of the divided bowel after resection is to be condemned, and that all the recorded cases, so far as at present known, are in favor of the establishment of a temporary anus. In the first place, the suturing of the bowel after the excision would greatly prolong the operation, and the condition of the patients upon whom these operations are performed is usually not such as would encourage prolonged narcosis. In the second place it is the obstruction to the bowel that clamors for relief, and not the mere circumstance that a segment of intestine is gangrenous. It must be remembered that the bowel above the obstruction is greatly distended, and, if the intestine be sutured and returned, that distension will remain but imperfectly relieved. The bowel at the suture line will be entirely paralyzed, and will itself form a cause for an abiding obstruction. In the third place, it is difficult to precisely define the limits of the gangrenous action; and even if those limits be widely trespassed in the resection operation there is still the circumstance that the state of the bowel above the occlusion is exceedingly unfavorable for the kind of healing process that the operation demands. Lastly, there is the mechanical difficulty of uniting the large and distended tube of bowel above the constriction with the shrunken and collapsed segment that exists below it.

On these grounds I think, therefore, that strong claims may be founded in favor of a delayed union of the parts separated by the excision.

The abdominal wound is closed in the usual way; and, unless any peritonitis exist, I take it that no drainage-tube is required. If, however, peritonitis should have been established, and especially if it have led to much effusion, I would suggest that the whole abdominal cavity should be freely washed out with a weak carbolized solution, at a temperature of 98°, and that the peritoneal sac should be drained.

One point remains, and it is not perhaps a very important one. It is usual —with many surgeons at least—to have the abdomen supported by a broad bandage or binder for a considerable period after any operation involving an opening of the belly. The object, I take it, of this support is to prevent any yielding of the parietes at the seat of the wound, and to protect the patient from the possibility of some degree of ventral rupture. In stout women with pendulous abdomen this practice may be of value, but in patients of ordinary build its adoption appears to me to be a little against reason. If the abdominal parietes yield when the patient has left her bed, and is up and about, such condition may fairly be ascribed to structural weakness of those parietes. It may also not be unfair to assume that, if the abdominal wall were to become strengthened, such protrusion would not occur. Now I take it that a musculo-aponeurotic structure, like the anterior abdominal wall, is only to be strengthened by exercise; and the use of the bandage not only greatly limits such exercise, but causes the responsibility of supporting the viscera to be thrown upon the fabric, and not upon the abdominal muscles. No man would endeavor to strengthen a weakened arm by

holding it in a sling. I have been in the habit, in all cases in which I have opened the abdomen for any cause, of keeping the patients in the recumbent position for—on the average three weeks,—and then of allowing them to move about without any kind of artificial support to the abdomen. So far, I have never seen anything but a dense firm cicatrix as a result of this practice.

With regard to the prognosis that has been given as pertaining to the obstruction, it must be noted that certain cases have been recorded where symptoms of an acute character existed, and where a recovery followed, after a non-operative mode of treatment. Some of these cases may be examples of spontaneous cure. It would perhaps be not unfair to surmise that others may have been the subjects of an imperfect diagnosis, while the remainder may have belonged to certain rare forms of acute strangulation that can hardly be clinically distinguished from the hernia-like obstruction just dealt with. Among these forms may be named strangulation over a band, acute kinking of the small intestine, some cases of volvulus of the lesser bowel, and of occlusion by the presence of an external tumor, or by a foreign substance inside the intestine. These forms are all quite rare, but may all be the subjects of spontaneous relief. It will perhaps be allowed, however, that a laparotomy in such cases would not be a serious complication, and would render recovery somewhat more definite and certain.

2. *Acute Volvulus of the Sigmoid Flexure.*—Volvulus of any part of the intestinal canal other than the sigmoid flexure being comparatively rare, and chronic volvulus being still more uncommon, it will be convenient, under the heading of volvulus, to limit all observations to the acute twisting of the sigmoid flexure. This species of volvulus forms one-fortieth part of all varieties of intestinal obstruction. Its diagnosis is not obscure, and there is indeed little difficulty in differentiating it from all other forms of acute occlusion, save that due to the kinking of the loaded sigmoid flexure above some stricture at the commencement of the rectum. So far as I can ascertain, there would appear to be no prospect of spontaneous recovery in these cases when once the twist has become complete. The average duration of life in 20 cases that I collected was six days, and the usual cause of death would appear to be peritonitis, which is apt to set in somewhat early in the case.

I have pointed out, in my Hunterian Lectures at the Royal College of Surgeons, that the arrangement of the normal sigmoid flexure is liable to considerable variation. The condition of the gut that is necessary for the production of a volvulus is the following: The loop must be of considerable length, the meso-colon must be long and narrow, and the two extremities of the sigmoid or omega loop must be brought as close together as possible. It is about this neck of the loop that the twist takes place, and the prognosis does not seem to be affected by the particular direction of the volvulus. The anatomical condition just named may be congenital, or it may be brought about by some contracting peritonitis involving the sigmoid meso-colon, although, without doubt, the commonest cause of the peculiar arrangement of the loop is chronic constipation. It may be necessary to point out that volvulus is much more frequently met with in males than in females, and that the bulk of the cases fall between the ages of 40 and 60.

The treatment of volvulus of the sigmoid flexure involves many points of serious difficulty. I take it that, in the first instance, the treatment by rest and starvation would be insisted on as a matter of routine. Opium would be administered, and it may be as well to empty the rectum by an enema. With regard to more active interference, I believe that all attempts at relief by means of enemata or rectal tubes are likely to prove not only quite useless, but actually harmful. If the precise relation of the parts be borne in mind, it will be perceived that a forcible injection into the rectum will tend to tighten rather than to relax the twist. In one subject, who had died of an unrelieved volvulus, I found that, when the twist had been nearly reduced on the *post mortem*

table, it could be made to reappear by injecting water into the rectum.

Simple laparotomy, it must be confessed, is not a very promising procedure in these cases. In the first place, the distended coil often reaches to the ribs, or even to the diaphragm, and by no ordinary incision could the great loop be dealt with. Through such an incision, however, a volvulus may be reduced with success, as shown by a case reported by Mr. H. Clark (*Lancet*, 1883). If the abdomen be opened, I would suggest that the gut be reduced in size by a puncture with a capillary trocar, and then that attempts be made to replace the distorted flexure. This procedure may succeed, and it is possible that the surgeon may convince himself that the probability of a return of the volvulus would not be very considerable. In actual practice, however, I anticipate that the trocar will not sufficiently empty the loop to render it easy to be handled; and that, after the reduction, the operator will have reasons to believe that, if no further steps be taken, a return of the twist will be exceedingly probable.

In any future case, therefore, that may come under my notice, I intend to adopt the following operation; to perform a laparotomy in the middle line, to puncture the gut, and attempt its reduction; if this fail, or the result appear unsatisfactory, to evacuate the involved gut through an opening in the summit of the flexure, to unfold the volvulus, and to establish an artificial anus, using the opening just alluded to for that purpose. By this method, the volvulus could be relieved in a very short space of time, and without much handling; and the distended colon above the twist could empty itself through the artificial anus. Inasmuch as the artificial opening would be at the summit of the sigmoid flexure, a return of the volvulus would be impossible. The flexure would be permanently retained in good position by means of the adhesions that would form about the fæcal fistula. In process of time, the artificial anus may be closed by one or other of the operations adopted for that purpose. It may be unnecessary to point out that there is no anatomical difficulty in establishing an artificial anus leading to the sigmoid flexure through the middle line of the abdomen. The operation just alluded to is little more than a simple colotomy, since the manipulation of the bowel antecedent to the opening of the colon need not be prolonged. One thing is certain: that these cases of acute obstruction demand very prompt treatment. The rapidity with which peritonitis sets in, in the present form of occlusion, is very striking; and there is, moreover, great risk of the involved loop passing into a state of gangrene. A left lumbar colotomy in these examples of volvulus would certainly relieve the obstruction; but it would probably effect no change in the volvulus, and there would be great likelihood that the artificial anus established would have to be a permanent one.

3. *Acute Intussusception.*—The chief point of interest in connection with this form of obstruction is concerned in the question of the frequency of spontaneous relief; and the matter that presents itself most prominently to the surgeon's notice, relates to the reliance that is to be placed upon the prospect of such relief. This form of obstruction is quite common, and forms, indeed, no less than one-third of all known varieties of the affection, excluding hernia and obstructions due to congenital defects. The acute cases are defined as those that, if they follow an uninterrupted course, end in death within seven days. These form about 50 per cent. of the whole number of invagination cases. It is well also to bear in mind that the enteric and the ileo-colic forms are most usually acute, and that 50 per cent. of all examples of the disease are met with in patients under 10 years of age. Spontaneous cure may be met with under two circumstances. In the first place, the invagination may reduce itself before the period has been reached when, from structural changes, it has become irreducible; and secondly, spontaneous cure may occur after the invagination has become irreducible, either by the formation of a fæcal fistula above the obstruction—a form of relief that is very rare—or by the

elimination of the gangrenous intussusceptum.

The method of relief named in the first category is certainly not unfrequent. Most surgeons have met with instances of acute invagination that have become cured without elimination of the intussusceptum, and with no more elaborate treatment than that comprised by rest, starvation, and the use of opium or belladonna. It is to be regretted that statistics are not forthcoming to show with what frequency this termination of the case may be expected.

To enter at once into the treatment of acute invagination; I imagine that general approval will sanction the immediate use of opium or belladonna, together with practical starvation and perfect rest. By these measures, the peristalic movements are stilled, the irregular muscular action in the bowel that has provoked the malady is arrested, and the prospect of spontaneous reduction is greatly favored.

Presuming that no benefit attends this mode of treatment at the end of twelve hours, it will be expedient to attempt reduction by means of insufflation or forcible enemata. Considerable success has attended these measures. By far the best instrument for the purpose—whether either water or air be used—is the admirable insufflator invented by Mr. Lund. I think that, in children under 10 years of age, the injection should be cautiously administered while the child is under the influence of an anæsthetic; but in patients above that age, it is perhaps safer to carry out this treatment without chloroform. There is no doubt that, in adults, the best guide to the amount of force to be used is the patient's own sensation. In any instance, the colon should be distended gradually. When the bowel is fully distended, the air or water should be retained for at least twenty minutes. The injection may be accompanied by gentle kneading of the intussusception-tumor, when such exists. I think that it is a matter of primary importance that the bowel should have been rendered quite quiescent by means of opium or belladonna, before the attempt at reduction by injection is commenced. I cannot understand upon what mechanical principles inversion and shaking of the patient are recommended in these cases. Before such a method were adopted the exact position and extent of the invagination would have to be most accurately diagnosed.

It is obvious that these measures will have no effect when once the invagination has become irreducible. It is to be regretted that, at present, little is known of the precise circumstances under which such irreducibility takes places. It is known that the invagination may become fixed within a few hours of its formation, and it is needless to remark that adhesions play comparatively a small part in causing an acute invagination to become irreducible. Should the measures so far advocated fail after a patient trial, I would strongly urge that a laparotomy be at once performed. If enemata fail early in the case, they are not likely to succeed at a later period, and every hour that elapses renders the prospect of gangrene more immediate.

Against laparotomy in these cases many objections have been urged. In the first place, it is pointed out that an acute attack may become a chronic one. This is true, but the occurrence is very rare. By far the greater majority of the patients do not live long enough to enter upon the chronic stage. Moreover, chronic invagination is exceedingly fatal, and out of 59 recorded cases, taken without any selection, I find that there were no fewer than 51 deaths.

A far more important objection, however, depends upon the frequent occurrence of spontaneous cure, at a period when the patient is *in extremis*, and the case desperate. Temporizing is constantly being urged upon this ground. One case of spontaneous cure is an argument against a score of proposed operations. An examination of the matter shows that little dependence is to be placed upon this mode of ending. "Elimination of the gut by gangrene occurs in about 24 per cent. of all cases, but when it has occurred it by no means follows that the patient recovers. In fact, no less than 40 per cent. of the subjects of spontaneous elimination die of the immediate results of the process of separation. Moreover, during the

first year of life, spontaneous elimination occurs in only 2 per cent. of the cases, and between the ages of 2 and 5 in only 6 per cent.; and, when it is remembered that more than 50 per cent. of the total number of examples of intussusception occur in children under 10, it will be seen that elimination by gangrene offers no very extensive prospects of spontaneous relief. It is true that the older the patient the more chance has he of a recovery by this means; but it unfortunately happens that the older the patient the higher is the mortality after the occurrence of the elimination, so that the chance of cure becomes remarkably slight" (*Intestinal Obstruction.*) In favor of the operation, it must be pointed out that the affection is very acute, that the general mortality of the disease is 70 per cent., and that 80 per cent. of the patients die before the seventh day. I would venture to urge that in these acute cases, laparotomy should be performed at least within the first 48 hours, and if possible, within the first 24 hours; provided, of course, that all other measures have failed.

When the abdomen has been opened, the invagination should be reduced if possible. The reduction is best affected by squeezing the intussusception with one hand while gentle traction is brought to bear upon the gut entering the invagination with the other. Should the mass be found to be irreducible, or in a conditions that threatens gangrene, the whole of the involved bowel should be resected, and a temporary artificial anus established. It appears to me that there is litt.e to recommend the operation of enterotomy for this class of cases. This procedure is certainly readily performed, but it is of the nature of a cut in the dark. It will relieve the obstruction symptoms, it is true, but it will leave the invagination untouched, and leave it possibly to pass on into a state of gangrene, or a condition that may lead to diffuse peritonitis.

The next meeting of the American Academy of Medicine will be held at New York, on October 28th and 29th.

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BALTIMORE, SEPTEMBER 19, 1885.

Editorial.

REPORT OF THE COMMITTEE ON THE REORGANIZATION OF THE CONGRESS.—We present in another column a partial report of the New Committee on the Congress, which held its meeting in New York City on September 3rd. We invite attention to the recent work of this Committee and would urge our readers to compare this work with that of the first Committee on the Organization of the Ninth International Medical Congress, which was published in the number of this JOURNAL of April 4th, 1885. We will attempt in a brief way to show by way of comparison that the New Committee has played its part in this affair in a manner in thorough accord with what might have been expected of it. This Committee should never have had an existence in the first place. It has failed to do anything save provoke strife and differences in the profession in this country, and this last attempt to organize the preliminary arrangements for the Congress is but the crowning act of its incapacity and unfitness for the work it has undertaken. The Committee was called into existence by a small faction of sore-heads at New Orleans, which introduced false and absurd issues into the plan of organization of the Congress, with no purpose of promoting the welfare and scientific work of the Congress, but simply to make prominent certain private grievances and petit ambitions. The agitators of this rebellious

movement against the work of the first Committee were chiefly men who failed to receive appointments in the organization of the Congress.

In order to overthrow the work of the first Committee the cry of the "Code" was raised, and sectional feelings were appealed to. The work of disorganization was in this wise inaugurated. We ask every impartial mind, What does this mean? In what way have the fortunes of the Congress been benefitted by the work of the New Committee? Will anyone venture to assert that the Congress can be a success under the arrangement now proposed? We will to answer these propositions.

First, we will call attention to the fact that the New Committee has virtually thrown aside the "Code" issue. It has thrown open the doors of the Congress to all members of the regular profession of medicine in this and other countries, with no restrictions other than the simple inscription of their names on the register, and taking out of tickets of admission. The Committee does not undertake to say who are members of the regular profession. This plan is the one proposed by the first Committee, but not the one proposed by the New Committee at the Chicago meeting, which forced a large number of the first appointees to present their resignations. In short, this New Committee has accepted the work of the first Committee after having driven out of the organization of the Congress a large number of the most distinguished members of the profession in this country. By introducing the absurd "Code" issue at Chicago the Committee has completely alienated from the organization of the Congress the very best scientific minds. It has rescinded its destructive work at Chicago in the face of the adverse criticism of the almost entire medical press in this country and in Europe, but not until after it had succeeded in filling a number of its appointments with men of second-rate merit. The Committee adopts the "Code" issue in this respect only. It has made no appointments except with "old Code" adherents. The present organization, therefore, will only be represented by "old Code" men. In order to carry out the "Code" idea and the "Sectional" idea the Committee has filled the various offices of the Congress with men, a few of whom are scarcely known at home or abroad, and whose fitness for the positions to which they have been called may be regarded as of questionable character.

Second, we direct attention to the fact that the rules for the government of the Congress are almost identical with those framed by the first Committee. The first Committee created nineteen Sections, whereas the present arrangement provides for only seventeen; but this change has been brought about in this manner. The Section on Medical Education, Legislation, etc., has been dropped and the Section on Otology has been added to the Section on Laryngology. A number of verbal alterations were introduced into the Rules adopted by the New Committee, but the general purport of these Rules is the same as adopted by the first Committee.

The only reformation made by the Committee in the plan and organization adopted by the first Committee is reduced to this, "new Code" men have been dropped and "old Code" men have been substituted for them. The changes in the personel of the Presidents of Sections are thus shown. In the Section on Anatomy W. H. Pancoast, of Philadelphia, has been substituted for Joseph Leidy, of Philadelphia; Section on General Surgery, Wm. T. Briggs, of Nashville, for D. W. Yandell, of Louisville; Section on Medicine, A. B. Arnold, of Baltimore, for J. M. Da Costa, of Philadelphia; Section on Obstetrics, DeLaskie Miller (residence not known to us) for T. A. Reamy, of Cincinnati; Section on Therapeutics, etc., F. H. Tirrell (residence not known to us) for H. C. Wood, of Philadelphia; Section on Military and Naval Surgery, Henry F. Smith for David L. Huntington, U. S. A.; Section on Pathology, E. O. Shakespeare, of Philadelphia, for Francis Delafield, of New York; Section on Diseases of Children, J. Lewis Smith, of New York City, for Abraham Jacobi, of New York; Section on Ophthalmology, J. W. Cal-

houn (residence not known to us) for Henry D. Noyes, of New York City; Section on Otology and Laryngology, S. J. Jones, of Chicago, for Clarence J. Blake, of Boston, on Otology, and Geo. M. Lefferts, of New York City, on Laryngology; Section on Dermatology and Syphilis, A. R. Robinson, of New York City, for Wm. A. Hardaway, of St. Louis; Section on Public and International Hygiene, Joseph Jones, of New Orleans, for Hosmer A. Johnson, of Chicago; Section on Collective Investigation, etc., Henry O. Marcy, of Boston, for N. S. Davis, of Chicago; Section on Psychological Medicine, John P. Gray, of Utica, N. Y., for S. Weir Mitchell, of Philadelphia.

It will thus be observed that the changes made by the Committee in the appointees of the Congress are not of a character to inspire the very highest order of scientific work, nor do we believe that the Congress as now organized will attract that attention and interest it would have received under the plan of organition first proposed. The revolutionary work of the American Medical Association, in authorizing the changes made by its Committee, is entitled to every atom of criticism and censure it has received. There was no reason or justice in its action. This action will have but one result, that of lowering the standard of scientific work in this country and of introducing into the ranks of the profession an element of discord and disturbance which cannot be effaced during the next generation. The Association has given its entire influence towards elevating the claims of men who care more for their own advancement than for the general professional good. It has favored an alliance with ideas and principles which have no existence in the scientific creed of our times. The present organization of the Congress, as far as it is known, bears no comparison in point of ability and authority to the first or ganization. Inasmuch as it has been called into existence out of deference to false issues and demagogical ideas its results will not only prove highly prejudicial to the success of the Congress, but can have only an unfavorable influence upon the status of the profession in the United States.

Abscess of the Frontal Sinus in a Woman 87 Years of Age, with a Successful Operation.—Dr. B. Schlegtendal, of Hanover, reports in *Centralblatt für Chirurgie*, Aug. 22, 1885, the following interesting case of purulent collection in the frontal sinus:

Frau R., 87 years of age, has had a tumor above the right eye for one-and-a-half years, which began as a small swelling under the supra-orbital ridge above the right internal canthus, and continually increased in size, causing ordinary headache. A tumor the size of half of a medium-sized apple occupied the region above and to the inner side of the right eye, which pressed the roof of the nose to the left and the right eye-ball outwards, at the same time causing it to protrude somewhat; the swelling extended above two-thirds the height of the forehead. The skin over the tumor was normal, not reddened, movable, and the shape of the tumor was hemispherical, in consistence very soft, and fluctuating. Palpation produced slight pain. No cerebral symptoms were produced by pressure. The protruded eye retained accurate vision. It was not easy to decide what was the character of the cyst. It could easily be determined to come out of the bone, as the sharp edges of bone could be felt. A communication with the cranial cavity could not be made out, since pressure upon the tumor produced no cerebral symptoms. Against the diagnosis of empyema of the frontal sinus was the afebrile course of the complaint, the relatively small pain, and its decided softness.

Operation on May 21st. An incision over the tumor two inches in length was made and good pus escaped, and a cavity the size of an apple was entered. The edges of the opening were sutured in order to prevent bleeding and purulent infiltration. The cavity was partly bony, partly membranous, through which the pulsations of the brain could be felt. No carious bone was detected. To the left the tumor only reached the median line, below it was separated from the nasal

cavity by a thin plate of bone. This was perforated and a medium sized drainage-tube introduced, one end of which was brought out at the right anterior naris, the other projected from the incision The cavity was thoroughly irrigated and then filled with iodoform gauze and dressed with a Lister dressing. The satisfactory course of the wound was interrupted by an attack of cutaneous erysipelas, which, however, soon subsided. The protruded eye-ball gradually receded without any loss of function, the skin wound quickly contracted, and the patient was dismissed on June 13th. This case is interesting, not only no account of the successful treatment in a person of such great age, but from the rarity of purulent and serous collections within the frontal sinus. Whilst the mucous membrane of the frontal air cavities is frequenly the seat of acute inflammation in coryza, it is somewhat remarkable that accumulations of fluid take place very infrequently. This is due to the dependent position and large size of the infundibulum, which allows free drainage of these cavities. The diagnosis of collections within the frontal sinus must always be difficult in the early stages before marked distension of the cavity has taken place. Subjective signs, as headache, stuffiness or pain may be absent, as well as the constitutional symptoms of fever, chill, etc.; hence it is important to bear in mind the clinical sign pointed out by Keen, of Philadelphia (*Med. News*, Aug. 16, 1884) which is almost pathognomonic of some trouble within the sinus. The sign to which he calls attention depends upon the fact that a vertical septum usually separates the frontal sinus of one side from that of the other. These cavities being a portion of the air cavities, are filled with air, hence the percussion over them elicits a clear note, but when one side is filled with fluid the percussion sound will be dull or flat; of course percussion cannot distinguish between a fluid or a solid accumulation, but it indicates that something abnormal occupies the sinus. When the collection is larger there will be external evidence, such as is mentioned in the case narrated above, viz., swelling of the bone, displacement of the eye-ball and deformity; in some cases the skin presents a reddened blush over the tumor; in others this is not all altered in appearance or mobility. The treatment is sufficiently simple to make an opening into the sinus and restore the patency of the infundibulum, or make an artificial communication with the nasal cavity. Thorough drainage and antiseptic irrigation and dressing, are usually sufficient for a cure. Neoplasms of various kinds sometimes occupy the frontal cavities, some of which are susceptible of removal. Foreign bodies of various kinds sometimes have gained entrance and caused more or less disturbance. Gross records a case as happening in Maryland, in which death resulted from the entrance of a spider into the sinus, where the larvæ were hatched in great numbers.

Miscellany.

Typhoid Fever and the Water-Supply of Chicago.—The special correspondent of the *Therapeutic Gazette* writes: Dr. Oscar C. De Wolf, Commissioner of Health, says that fifteen years ago typhoid fever was of infrequent occurrence in Chicago. On the other hand, all forms of acute and chronic malarial fevers were constantly and universally observed.

To-day, acute intermittent and remittent fevers are of comparatively infrequent occurrence, while the wards of many of the large hospitals are crowded with typhoid fever patients.

A possible explanation of this remarkable change may be found in the Chicago water-works, a feature for which the town has established a reputation even rivalling that of the stock-yards.

Professor James Nevins Hyde, M. D., alluding to the prophylaxis of cholera in a recent editorial, says:

"The sacred singer of Israel once cried, in a burst of poetic imagery, 'Moab is my wash-pot!' Chicago might well echo with the refrain, 'Lake Michigan is my wash-pot, my drinking-cup, and my chamber-pot!'

"Her water-works are indeed great. They supply her with water from the

lake fully and freely; in fact, as fully and as freely as she restores to it again the refuse of her corporate body. If there be any germ of disease in her excreta, any virus lurking in her animal refuse, she receives it again in part, after it has been thrown off.

"Not content with emptying her own ejecta into the lake from which she drinks, Chicago pours into it also the drainings from her immense cattle-yards, and from the great slaughter-houses, where the animals brought to her doors from the whole of the Northwest are cut up and packed for the consumption of the world."

The following is a description of a branch of the Chicago River, into which the refuse of the stock-yards is poured. It is clipped from one of the daily journals, and from observations we can declare its truth:

"The South Fork is that fork of the South Branch of the Chicago River starting at Thirty-ninth and Halstead Streets, and emptying into the South Branch in Bridgeport, near the pumping-works. It is about three miles in length, and is the filthiest of all the branches of the river. The foulest, filthiest, deadliest section lies just north of the Union Stock-Yards, and is about one mile in length, from one hundred to two hundred feet wide, and from nine to eighteen feet deep. It is wholly unprotected as to shade, there being no trees nor houses on either side, and when the sun shines upon it, it seethes and boils like a great caldron of oil. To many intelligent people an inspection of the waters of this inland body would be a revelation. The dark, seething mass lying between the two banks of what was once a respectable creek cannot be called water. It is not refuse in its ordinary state. If it were white instead of black, it might be taken for yeast. Its consistency in some quarters is about the same as paint, and when it comes in contact with the hull of a vessel it leaves a coating usually about an inch in thickness, which has become known to the marine classes as 'stock-yards paint.' Something of its character may be judged from the fact that water will not wash it off, and that the only way it can be removed is by taking the vesssel into the dry-docks and using a steel scraper. Unlike the ordinary paint, it does not serve to prolong the use of timber, but, on the contrary, serves to hasten its decay.

"No living thing can drink this water and survive. It is a poison even to the grass that grows along the shore if poured upon it in large quantities."

Professor Hyde continues: "The witches' caldron, here correctly described, exhales its pestilential breath about two miles from the spot where some of the wealthy 'packers' of this city have erected palaces which a king might envy, their costly stones overlooking the fashionable thoroughfare, where youth, beauty, premature age, and folly drive their showy equipages in a splendid ignorance of what is floating beyond!"

Is it any wonder that the Chicago hospitals are crowded with typhoid fever patients? A small proportion of the cases, however, really reach the hospitals. More particularly in the southwestern portion of the city, there are large Irish, German, French, Italian, Polish, and Bohemian colonies. The inhabitants exist upon the barest necessities of life, in wretched, foul, filthy hovels. The sewers are elevated above the level of the tenement-houses. Here the typhoid fever patient usually perishes and is buried before the disease is recognized.

London as a Great Medical Centre.—Dr. Wesley M. Carpenter, of N. Y., in a letter to the British Medical Association, calls attention to the opportunities which London possesses for becoming a great centre for advanced medical teaching. These consist in the great abundance of clinical material which so large a city must afford, the existence of a prosperous and wealthy corporation, the British Medical Association, which might take the matter in hand, and the fact that the Royal College of Surgeons has recently received an enormous sum of money which might well be used for purposes of advanced medical teaching. One thing is certain, that, if London

does not do something New York will. Already it is ahead in the matter of special and post-graduate instruction.—*Med. Record.*

Comma-Bacillus in Old Cheese.—Dr. Deneke, assistant in the Groningen Hygienic Institute, is said by the Dutch papers to have discovered the comma-bacillus in an old cheese, and to have proved by cultivation that it is identical with Koch's comma-bacillus, but that its effect upon the body of an animal inoculated by it is less powerful than Koch's.

On the Significance of Osseous Lesions in the Diagnosis and Treatment of Inherited Syphilis.—A paper on this subject, by Dr. R. Lomer, of Berlin, appears in the *Zeitschrift für Geburtshülfe und Gynäkologie* (Band X., Heft 2). It refers to the disease of the bones described by Wagner. Dr. Lomer holds that the presence of these changes in a well-marked form is proof of syphilis; and applying this test, comes to the conclusion that the large majority of cases of premature labor are due to this disease. General practitioners, in Dr. Lomer's opinion, know very little about these bone lesions. They are to be demonstrated by exposing the femur and making a longitudinal section of it. In a healthy bone, the junction of cartilage and bone is a simple line, either straight or undulating, but sharp and well defined. In a syphilitic bone it is a broad layer, from which irregular processes project into the cartilage. The epiphysis is either quite loosened, or there are deep fissures in the bone below the line of ossification. In some cases these changes can be easily seen with the naked eye, but in others they may be so slight as to need microscopical examination of carefully prepared sections. Although this disease indicates syphilis, yet a normal condition of the bones is not proof of the absence of syphilis. Dr. Lomer puts before his readers the following generalizations, based on the examination of 43 fœtuses which had died in utero. When the bone disease is well marked, the liver and spleen are abnormally large. It makes no difference in the degree of the changes present, whether the syphilis is derived from one or both parents, whether in the parents the disease is one year old or ten, whether secondary symptoms have persisted or not, whether the parent has been treated or not, or whether the child be large or small. Syphilitic fœtuses differ in appearance from non-syphilitic. The latter are brown and mummified, the former flesh-colored and more œdematous. In the non-syphilitic the mother can commonly assign a date for the infant's death, and the weight of the fœtus corresponds to the period indicated by her statement.. This not the case with the syphilitic; and in them the placenta is commonly unusually heavy in proportion to the weight of the fœtus. —*London Med. Times.*

Swamp Button-Bush in Rhus Poisoning.—Dr. S. P. Hubbard, of Taunton, Mass., writes to the *Med. Record:* "As I have never seen in any medical journal the virtues of the swamp button-bush (*Cephalantus occidentalis*), for poisons of all kinds, especially *Rhus Tox.*, I wish to say to the medical profession that no remedy half equals it. Try it. Make a strong tea and freely bathe the parts with it while hot."

The Treatment of Typhoid Fever.—Dr. N. S. Davis, in speaking of his treatment of typhoid fever at the Mercy Hospital, Chicago, recognizes fever indications to be fulfilled, or objects to be accomplished.

First, it is desirable to suspend, as far as practicable, the further action upon the patient of all the causes that may have contributed to the development of the disease.

Second, to restore the natural condition of the general properties of the tissues, and thereby retard or arrest those perverted molecular movements which constitute the disturbances of nutrition, secretion, excretion, etc.

Third, to promote the action of certain excretory organs, and thereby deterioration of the blood by the accumulation of the products of tissue-changes or waste matter.

Fourth, to counteract the development

of important local diseases, either in the head, chest, or abdomen.

Fifth, to sustain the patient with nourishment suitably adjusted, both in quality and quantity, to the different stages of the disease.

The first indication is fulfilled by proper regulation of the patient's hygienic surroundings, and the exhibition of *potassium chlorate* in dilute acidulated solution. If this indication be fulfilled, and if the patient be supplied with "proper nourishment, in proper quantities," twenty-nine out of every thirty will recover without medication of any kind.

To fulfil the second indication, chief reliance is placed upon the "excitors of vital affinity," oxygen, potassium chlorate, sodium chloride, mercury bichloride, iodine, the mineral acids, and cold water.

The third indication is met by nitrous ether, *liquor ammonii acetatis*, and digitalis.

Under the fourth indication, attention must be directed to a number of organs.

1. The impairment of the functions of the brain and important nervous centres, "more especially those centres that govern the action of the vaso-motor, cardiac and respiratory nerves," is best remedied by the selection of those agents which increase the oxygenation and decarbonization of the blood. Strychnine and the mineral acids are the most effective drugs in this connection.

2. Hypostatic congestion of the lungs, muscular weakness of the heart, capillary bronchitis, and broncho-pneumonia are conditions which contraindicate alcohol in any form. Milk, beer, tea, eggs, coffee, meet the indication.

3. The changes in the alimentary canal, mesentery, spleen and liver demand the most rigid scrutiny.

The pathological changes in the glands of Peyer and Brunner are of greatest importance. The mineral acids, nitrate of silver, oil of turpentine, and strychnine "improve the tonicity of the smaller vessels, lessen passive congestion and exudation, and arrest the tendency to softening and disintegration by increasing the general property of the tissues, called vital affinity, or by increasing the vaso-motor nervous influence, or by both."

The fifth indication is fulfilled by the administration of proper food. Three propositions may govern the practitioner in this matter:

"First, choose such articles for nourishment as, either separately or conjoined, shall contain all the elementary constituents entering into the composition of the blood and organized structures of the human body.

"Second, the article or articles selected should be so prepared that when taken into the stomach they are capable of being taken up and assimilated with but little influence from the gastric and other secretions usually required for the digestion and absorption of ordinary food in health, because these secretions are generally much diminished, especially during the middle and later stages of the disease.

"Third, the quantity given at any one time should be so limited that it will be all absorbed or assimilated before any part of it has time to undergo fermentation or putrefactive changes, by which tympanites and the irritation of the glandular patches in the ileum might be increased; sufficient to afford the patient a fair degree of support."

Meat-broths, from either mutton, beef, or chicken, seasoned with salt, milk, buttermilk, milk-whey, tea, coffee, and water correspond to these conditions.—*Special Correspondent of the Ther. Gaz.*

THE REMOVAL OF TUMORS OF THE ABDOMINAL WALL, WITH THEIR PERITONÆUM.—Dr. M. Sänger, of Leipsig, contributes to the *Archiv für Gynäkologie* (Band XXIV., Heft 1) an interesting paper on this subject. It deals with the removal of tumors of the belly wall so closely and extensively applied to the peritonæum, that this membrane can only be preserved uninjured by a difficult dissection, after which a large thin sheet of peritonæum, free from its main vascular connections, will be left. In such circumstances, some operators have adopted the easier course of cutting away the tumor with its peritonæal covering, and taking great pains to bring together the edges of the peritonæal

wound, leaving the skin which covered the tumor as a large loose bag over the stitched-up incision. Others have filled up the gap by stitching omentum into the wound, without great success. Sänger here publishes a case in which he simply stitched together the margins of the incision through the skin and muscles, leaving the large surface from which the tumor had been removed uncovered with peritonæum; so that after closure of the wound a great part of the anterior wall was left bare of peritonæum. Three similar cases have been published before, one by Esmarch, two by Skilfossowsky. All four were successful. In only one of them (Esmarch's) was drainage employed. In order to determine the behavior of the parts affected when this course has been adopted, Dr. Sänger has made experiments upon animals; and he finds, just as after a destruction of skin, healing takes place, and fresh epidermis is formed, so after removal of part of the peritonæum new endothelium is produced. The paper concludes with a general survey of all the cases of tumor of the abdominal wall known to the author.—*Lond. Med. Times.*

THE "COUNTRY DOCTOR" AND THE INTERNATIONAL MEDICAL CONGRESS.—Dr. Spencer M. Free, of Dagus Mines, Pa., writes to the *Medical Record:* There is a class of men in these United States known as "country doctors," who have a great interest in the International Medical Congress. They have watched the organization and the re-organization, read the various journal and other comments, but have kept silence. I hope, in speaking as one of them and for them, that I correctly represent them.

Thoreau says of the Concord farmers: "They are greater men than Homer, or Chaucer, or Shakespeare, only they never got time to say so; they never took to the way of writing." This may not be strictly true when applied to city *vs.* country doctors; nevertheless, on account of numbers and talent, they deserve to be heard on this question of organization of the "Congress."

The doctors of the towns, villages, and country places of this land outnumber those of the cities; they are, perhaps, not so scholarly and scientific, they don't have time to write books and journal articles, and do many other legitimate and illegitimate, honorable and dishonorable, things by which to gain notoriety, as do their city friends, but they do as much hard work, more actual study of cases, and in their treatment display as much common sense, and attain as great success in practice. Nor do they concern themselves much about codes of ethics. They have learned that when men are not ethical, codes cannot make them so; and when they are, codes are unnecessary.

This class of men (country doctors) has been missed entirely by both committees. Not even so *small* a compliment has been paid them as a membership of a council. But no complaint has been heard. They are content, and preferably so, to see their friends shine.

In 1884 the American Medical Association selected a committee of talented, wise, honorable, well-known and competent men. It knew and trusted them, hence gave them unlimited power. They acted. Their report (which can no doubt be somewhat improved) was a most excellent one. We joyfully accepted it and anticipated a grand international meeting. We were glad to see no code, or sectional or other embittering elements introduced to disturb peace and harmony.

Some *city* men, not glad to be unnoticed, as were their country compeers, and having no better right to representation, have disturbed this peace and harmony by getting the American Medical Ass. (a very appropriate name), to set aside its work of 1883; to insult the committee by not receiving its report; and to insult the members of the Association of 1884 by condemning their action in thus giving so much power to the committee.

This undoing may be legally correct, as Mr. Randall says, but it is not honorable, not even *ethical*, if we examine the code carefully.

The code has been made to bear the responsibility of this trouble, which is a cowardly ruse. The poor thing never did any harm or any good; it is imbecile, and why abuse it?

I think I state the truth when I say that the "country doctors" of the United States oppose the introduction of the code question *at all* in the "make up" of the Congress. What virtue has the code when its adherents conduct themselves so disgracefully as they did last winter in the New York Academy of Medicine? True, the code exists as a printed form, but not as a working fact. It ought to be buried with the transactions and deceased members of the Association.

The country doctors want the Congress. They desire to see and hear the men whose works they study. They wish the membership to be on a broad basis, so that they can all attend. They want no code or other embittering thing to be mentioned. They want to be represented by the few who lead the profession and are "known and read of all men," not by the mediocrity (unknown) who are no better than themselves. They therefore ask the return to the original committee and it arrangements; or, that the profession of the United States (not the American Medical Ass.), in whose name the congress was invited, have a meeting, appoint a new committee, and organize the entire programme anew. If neither of these can be accomplished, let the Congress be held in another land than ours.

REPORT OF THE COMMITTEE APPOINTED TO ARRANGE FOR THE MEETING OF THE CONGRESS.*

The Committee was called to order at 12 M., September 3, 1885, by the Chairman, Dr. R. Beverly Cole.

The resignation of Dr. L. Sayre, of New York, as member of the Committee, was received and accepted, and Dr. A. Flint, Jr., of New York, was elected to fill the vacancy and took his seat with the Committee. The resignation of Dr. Sayre was caused solely by ill health.

The following "Rules" were unanimously adopted:

RULES.

1. The Congress shall consist of members of the regular profession of medicine, and of such other scientific men as the Executive Committee of the Congress may see fit to admit, who shall have inscribed their names on the register and shall have taken out their tickets of admission.

2. The dues for members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

3. The Congress shall be divided as follows, into seventeen Sections:

I. General Medicine.
II. General Surgery.
III. Military and Naval Surgery.
IV. Obstetrics.
V. Gynæcology.
VI. Therapeutics and Materia Medica.
VII. Anatomy.
VIII. Physiology.
IX. Pathology.
X. Diseases of Children.
XI. Ophthalmology.
XII. Otology and Laryngology.
XIII. Dermatology and Syphilis.
XIV. Public and International Hygiene.
XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology.
XVI. Psychological Medicine and Diseases of the Nervous System.
XVII. Dental and Oral Surgery.

4. The General Meetings of the Congress shall be for the transaction of business and for addresses and communications of general scientific interest.

5. Questions and topics that have been agreed upon for discussion in the Sections shall be introduced by members previously designated by the titular Officers of each Section. Members who shall have been appointed to open discussions shall present in advance statements of the conclusions which they have formed as a basis for debate.

6. Brief abstracts of papers to be read in the Sections shall be sent to the Secretaries of the proper Sections on or before April 3, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress.

Papers relating to topics not included in the lists of subjects proposed by the Officers of the Sections may be accepted after April 30, 1887; and any member wishing to introduce a topic not on the regular lists of subjects for discussion shall give notice of the same to the Secretary-General, at least twenty-one days before the opening of the Congress, and such notices shall be promptly transmitted by the Secretary-General to the Presidents of the proper Sections. The titular officers of each Section shall decide as to the acceptance of such proposed communications and the time for their presentation.

7. All formal addresses, scientific communications and papers presented, and scientific discussions held at the General Meetings of the Congress, shall be promptly giving in writing to the Secretary-General; and all papers presented and discussions held at the meetings of the Sections shall be promptly given in writing to the Secretaries of the proper Sections.

No communication shall be received which has already been published, or read before a society.

The Executive Committee, after the final adjournment of the Congress, shall direct the editing and the publication of its "Transactions," and shall have full power to publish the papers presented and the discussions held thereon, either in full, or in abstract, as in the judgment of the Committee may be deemed best.

8. The official languages of the Congress shall be English, French, and German.

In the meetings of the Sections, no member shall be allowed to speak for more than ten minutes, with the exceptions of the readers of papers, and those who introduce subjects for discussion, who may each occupy twenty minutes.

9. The rules and programmes shall be published in English, French, and German.

Each paper and address shall be printed in the "Transactions" in the language in which it was presented, and preliminary abstracts of papers and addresses also shall be printed, each in the language in which it is to be delivered.

All discussions shall be printed in English.

10. The President of the Congress, the Secretary-General, the Treasurer, the Chairman of the Finance Committee, and the Presidents of the Sections, shall together constitute an Executive Committee of the Congress, which Committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purposes of the Congress, shall supervise and audit the accounts of the Treasurer, and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of business.

11. The Officers of the Congress shall be a President, Vice-Presidents, a Secretary-General, four Associate Secretaries, and one of whom shall be the German Secretary, a Treasurer, and the Chairman of the Finance Committee.

12. The officers of each Section shall be a President, Vice-Presidents, Secretaries, and a Council.

*We abstract this Report from the Journal of *Amer. Med. Asso.* of Sept. 12th.

13. The officers of the Congress and the officers of the Sections shall be nominated to the Congress at the opening of its first session.

14. The Executive Committee shall, at some convenient time before the meeting of the Congress, prepare a list of foreign Vice-Presidents of the Sections, to be nominated to the Congress at the opening of its first session.

15. There shall be a standing Committee on Finance, composed of one representative from each State and Territory, the District of Columbia, the Medical Department of the Army, the Medical Department of the Navy, and the Marine Hospital Service.

The Chairman of the Finance Committee shall report to the Executive Committee of the Congress.

Each member of the Finance Committee shall appoint a local Finance Committee for his State, Territory, District, or Government Department, consisting of one or more members from each Government Department or Congressional District.

Each local Finance Committee shall report through its Chairman to the Chairman of the Finance Committee of the Congress.

The following named gentlemen were elected to fill vacancies in the Committee of Arrangements:

Dr. J. K. Bartlett, Wisconsin.
Dr. J. H. Baxter, U. S. Army.
Dr. George Goodfellow, Arizona.
Dr. Henry Leffman, Pennsylvania.
Dr. John Morris, Maryland.
Dr. J. R. Tipton, New Mexico.
Dr. Thomas J. Turner, U. S. Navy.

The following resolution was adopted:

Resolved, That the representative or representatives in this Committee from each State, Territory, or Government Department, shall organize the Financial Committees in their respective States, Territories, or Government Departments.

It was decided to that no person should occupy more than one position in the organization of the Congress.

It was also decided that, in the published lists of the Officers of the Congress, the names of the Vice-Presidents and Secretaries of the Congress and the Vice-Presidents, Secretaries and members of Councils of Sections, should be arranged alphabetically.

OFFICERS OF THE CONGRESS.

PRESIDENT.

Austin Flint, M. D., LL.D., New York.

VICE-PRESIDENTS.

W. O. Baldwin, M. D., Alabama.
H. I. Bowditch, M. D., Massachusetts.
William Brodie, M. D., Michigan.
Henry F Campbell, M. D., Georgia.
W. W. Dawson, M. D., Ohio.
R. Palmer Howard, M. D., Canada.
E. Moore, M. D., New York.
Tobias G. Richardson, M. D., Louisiana.
Lewis A. Sayre, M. D., New York.
J. M. Toner, M. D., District of Columbia.
The President of the American Medical Association.
The Surgeon-General of the United States Army.
The Surgeon-General of the United States Navy.
The Supervising Surgeon-General of the United States Marine Hospital Service.

SECRETARY-GENERAL.

Nathan S. Davis, M. D., LL.D., Illinois.

TREASURER.

E. S. F. Arnold, M. D., M.R.C.S., New York,

CHAIRMAN OF THE FINANCE COMMITTEE.

Frederick S. Dennis, M. D., M.R.C.S., New York.

EXECUTIVE COMMITTEE OF THE CONGRESS.

Austin Flint, M. D., LL.D., President of the Congress.
Nathan S. Davis, D. D., LL.D., Secretary-General.
E. S. F. Arnold, M. D., LL.D., Treasurer.
Frederick S. Dennis, M. D., M.R.C.S., Chairman of the Finance Committee.

PRESIDENTS OF THE SECTIONS.

A. B. Arnold, M. D., General Medicine.
William T. Briggs, M. D., General Surgery.
Henry F. Smith, M. D., Military and Naval Surgery.
DeLaskie Miller, M. D., Obstetrics.
Robert Battey, M. D., Gynæcology.
F. H. Tirrell, M. D., Therapeutics and Materia Medica.
William A. Pancoast, M. D. Anatomy.
John C. Dalton, M. D., Physiology.
E. O. Shakespeare, M. D., Pathology.
J. Lewis Smith, M D, Diseases of Children.
A. W. Calhoun, M. D., Ophthalmology.
S. J. Jones, M. D. Otology and Laryngology.
A. R. Robinson, M. D., Dermatology and Syphilis,
Joseph Jones, M. D., Public and International Hygiene.
Henry O. Marcy, M. D., Collective Investigation, Vital Statistics and Climatology.
John P. Gray, M. D., LL.D., Psychological Medicine.
John Tafft, M. D., Dental and Oral Surgery.

Lists of Vice-Presidents, Secretaries, and Councilmen for each Section were named by the Committee of Arrangements, but as it was not practicable to ascertain at once who would accept the places assigned them, or who of those who had been announced in the medical press as declining to accept positions before the present rules and organization had been adopted, as given heretofore, might wish to withdraw such declination, the final adjustment of these offices was referred to the Executive Committee of the Congress, and all correspondence in relation thereto was transferred to the Secretary-General of the Congress.

On motion, the Committee of Arrangements adjourned, subject to the call of the Chairman of the Committee.

Medical Items.

A serious mistake was lately found to have been committed by a wholesale house in Philadelphia, which had been selling tartar emetic in place of Rochelle Salt, probably owing to the careless or ignorance of one of its workmen. A number of persons who had purchased Rochelle Salt at a retail pharmacy were taken violently ill, and the above fact was ascertained as being the cause of the illness. Presumably, the wholesale house succeeded in getting back all the tartar emetic thus sold, as no further cases of poisoning have since been reported.—*Boston Med. and Surg. Journ.*

The proud distinction of having the meanest man on record is claimed for Gakville, Can. His wife was ill and the doctor prescribed wine. As it was not easily found, the doctor sent some from his private stores. The woman died. When the doctor's bill came in the broken-hearted widower lodged a complaint against the physician for selling liquor contrary to law.—*Boston Med. and Surg. Journ.*

It is said that Jæger's chair of ophthalmic surgery in Vienna is likely to be given to Professor Fuchs, of Liège.

Dr. Eugenius A. Hildreth, one of the most prominent physicians in Wheeling, W. Va., died at his residence in that city on August 31, in the sixty-fourth year of his age. He was a member of the American Medical Association and of the West Virginia State Medical Society.

Dr. Thomas Dougherty, a well-known minister of the Methodist Episcopal church and a practicing physician, of this city, died at his residence on Sept. 15th, at the age of 55. Dr. Dougherty graduated in medicine early in life, but soon abandoned his profession to enter the ministry. Whilst discharging the duties of a minister he continued to practice medicine among the poorer members of his congregation. In this way he has kept up his interest in medical work. At the time of his death he held the Chair of Physiology in the Baltimore Medical College. As a physician, as a minister and as a citizen Dr. Dougherty was highly esteemed and respected by all who knew him in these different relations.

Hydrate of chloral has, according to the *London Medical Record*, been successfully employed instead of cantharides for blisters. For this purpose, powdered chloral is sprinkled on previously slightly warmed adhesive plaster. Vesicles are raised by it in about ten minutes. The advantages of this blister over other kinds are, rapid and perfectly painless action, and absence of any troublesome effect usually caused by cantharides.—*Boston Med. and Surg. Journ.*

The New Committee on the Organization of the Congress having used the "Code" issue as a ladder to climb into high official position now kicks down the ladder as having no further value.

How the Doctors take their Holiday.—The number of medical men who have passed their summer in Europe is not so large as usual, Drs. Agnew, Otis, and a few others, have established a little summer medical colony at Montauk Point, Drs. Jacobi and Gillette go to Lake George, Dr. Thomas to Southampton, Drs. Cleveland and Robinson to Newport, while Drs. Dawson, Loring, McLane Hamilton, and others, take to their yachts. Drs. Sands and Peabody go to Halifax, and a number of the elderly men stay in town.—*Med. News.*

Dr. Francis D. Cummingham, a well-known and highly esteemed physician of Richmond, Va., died at his residence in that city on September 9th after a long illness. Dr. Cummingham was born in Goochland County, Va., on the 28th of July, 1836. He graduated from the Medical College of Va. in 1857, and subsequently from the University of New York in 1859. He served as surgeon in the Confederate States Army from 1861 to 1865. He held the Chair of Anatomy in the Medical College of Va. for several years.

In our editorial of last week, on "Carelessness in Dispensing Drugs," it was stated that an examination of the drug store, in which a prescription containing morphia was substituted for one of quinine, showed that this store failed to contain quinine. We are now informed that there was muriate of quinine in this store. We have no desire to add to the distress of this unfortunate young drug-clerk and therefore make the above correction.

The American Gynæcological Society will hold its tenth annual meeting at the Columbian University, in Washington, on Tuesday, Wednesday, and Thursday, September 22, 23, and 24, 1885. Members of the profession are cordially invited to attend the meeting.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department U. S. Army, from Sept. 8, 1885, to Sept. 14, 1885,

McKee, J. C., Major and Surgeon. Sick leave still further extended three months on surgeon's certificate of disability.

Patzki, J. H., Captain and Assistant Surgeon. Assigned to duty as Post Surgeon, Jackson Barracks, New Orleans, La.

Polhemus, A. S., First Lieutenant and Assistant Surgeon. When relieved at Fort McDermit, Nevada, assigned to temporary duty at Presidio of San Francisco California.

Kendall, William P., First Lieutenant and Assistant Surgeon. Relieved from duty at Presidio of San Francisco, California, and assigned to duty as Post Surgeon at Fort McDermit, Nevada, relieving Assistant Surgeon Polhemus.

Original Articles.

THE CAUSES OF ABORTION AND PREMATURE LABOR IN SYPHILIS.

BY I. E. ATKINSON, M. D.,

Professor of Pathology, Clinical Medicine and Dermatology, in the University of Maryland.

The frequency with which abortion and premature labor occur as results of syphilis is universally recognized. Kassowitz relates the histories of three hundred and thirty infants, the issue of one hundred and nineteen marriages, where the father, the mother or both parents were syphilitic. One hundred and seventeen of these children were prematurely born, thirty-one of them being abortions. Eighty per cent. had mothers who were undoubtedly syphilitic. The fathers of thirty-two per cent. had syphilis. There need be no difficulty in explaining the greater predisposition to premature delivery when the mother is manifestly syphilitic. The paternal influence exerted but once in the simple act of reproduction, the embryo either escapes contamination or receives it in precisely the same degree as when it is communicated through the germ cell of the mother. The offspring remains dependent upon the mother and is exposed to all the variations of nutrition, to all the deleterious influences exerted upon her. Thus, the embryo, liable to the infection which either parent may transmit in the reproductive act, is also in danger of suffering from the many deviations from health to which a woman laboring under the debilitating influences of syphilis is exposed; and this without considering the disputed question of intra-uterine infection.

Syphilis may lead to delivery before term; 1st, by the intensity of infection at the moment of impregnation, by which the embryo becomes so gravely affected that it dies and is expelled by the uterine contractions; 2d, by syphilitic disease of the placenta and fœtal appendages. The placenta may be affected in its fœtal portion or in its maternal portion; 3d, by the condition of the mother whose labor may be precipitated by states of febrile excitement or of physical depression, the results of her constitutional intoxication. Some of these influences are demonstrable, others are not capable of verification, but that they actually exist we know, since premature birth occurs where syphilis is known to be present as an exciting cause but where we are unable to trace its operations. Of the one hundred and twenty-seven infants to whom reference has just been made, one hundred and two were born dead, eleven died during the first day, seven during the first week, four within the first month. Of the whole number only three outlived the latter period. That a child of a syphilitic parent comes dead or non-viable into the world is considered by many writers sufficient evidence of the presence of the syphilitic principle in it. Highly probable as fœtal infection may be under these circumstances, very often no lesion giving the slightest justification of a diagnosis of syphilis can be detected. It has been suggested that in such cases the child succumbs to the initiatory febrile disturbance of general syphilis.

While then, it cannot be said that every prematurely born child of syphilitic parentage, whether still-born or living, must be syphilitic, we possess abundant evidence of intra-uterine syphilis in very many cases, in well-known and characteristic lesions brought by such children into the world in and upon their persons, as well as in peculiar alterations of the fœtal appendages.

Abortion is the more prone to occur the more recent the date of parental infection (before conception). With each succeeding pregnancy there is an increased tendency toward the birth of viable children. But it is undoubtedly a fact that the influence exerted by anti-syphilitic treatment in interrupting this course of gradual return to healthy processes is very great, and in many cases the tendency to abort may be at once destroyed by the appropriate treatment. Abortion from syphilis usually occurs after the fourth month, and especially during the sixth and seventh months. (*Lancereaux Traité hist. et*

prat. de la Syph. Paris, 1873). When abortion has occurred during the earlier months of pregnancy, the embryo is usually found to be more or less advanced in decomposition, as the interval between its death and expulsion is long or short. When the amniotic fluid has been retained within the unruptured membranes, it is turbid, dark and stinking. Not until a more advanced period of pregnancy do lesions distinctly syphilitic appear, and even at full term the offspring of syphilitic parents, born dead or dying shortly after birth, may fail to exhibit definite signs of syphilis. Many of them, however, present at birth lesions that are equally observed in extra-uterine inherited syphilis, roseola, papules, blebs, disorders of the viscera and skeleton, and the like. Indeed, the fœtus does not develop symptoms of syphilis that are not also prone to invade the body after birth. But certain alterations of the fœtal appendages may often be detected which seem to be pathognomonic of syphilis of these parts.

According to Virchow, syphilis of the maternal portion of the placenta may occur as a circumscribed or as a diffused process. Very few observations, however, are upon record, though it has been asserted that placental syphilis is of very frequent occurrence. The two forms may co-exist. Kronid Slavjanski (*Asso. de Dermatologie*, V., 1873) has described the histological conditions in such a case. The maternal placenta was thickened in places and resulted in a homogeneous membrane, slightly opaque. The fœtal placenta could be separated with difficulty, and at certain points hardly at all. Between the villi the thickenings were most pronounced, forming nodosites. The surface of these nodules upon section showed two distinct layers, one external, slightly fibrous, compact and grayish, and a central portion, softer, yellow, and in places caseous. The limits between the central yellow portions and the surrounding tissue were not very clear, nor could they be easily distinguished from the fœtal placenta. Many prolongations of the peripheral grayish layer extended into this part of the placenta, and by ramifying and anastomosing formed a meshwork in which the spongy tissue of the fœtal placenta was lodged. A similar meshwork was found in other portions of the maternal placenta which presented simple thickenings without nodosites. In this endometritis placentaris gummosa the changes are limited to the maternal placenta.

It is principally through the efforts of Fränkel that we have knowledge of syphilitic disease of the fœtal placenta (Uber Placentar Syphilis, *Archiv. f. Gynäkol.*, 1872, 5 H). This author basing his diagnosis of fœtal syphilis upon the presence of the epiphyseal osteochondritis of Wegner, reported a number of cases of disease of the villi of the fœtal placenta in such infants. The syphilitic fœtal placenta is characterized by increased density and size. There is an infiltration of the fœtal tufts with numerous exudation cells and increased growth of the epithelium of the tufts. This proliferative process leads to destruction of the vessel and, and, secondarily, of the tufts; consequently Fränkel adopts as the name most expressive of the process, "deforming granulation infiltration of the fœtal villi." The fatty degeneration that may accompany or follow syphilitic degeneration of the placental villi is a complication simply and not pathognomonic. As opposed to Ercolani, Fränkel regards the thickening of the covering of the villi, which the former thought to be the product of an independent membrane, as the result of a coagulation of the superficial epithelium of the villi in the hardening fluid. Fränkel believes that the changes under consideration, when occurring by themselves, may be attributed to a paternal transmission, and that when the mother was infected before or at the period of conception, endometritis placentaris gummosa is prone to occur along with disease of the fœtal villi. It is quite possible, however, for the placenta of a syphilitic child to remain healthy, and where the mother becomes infected during the last months of her pregnancy, both fœtus and placenta remain free.

The position of Fränkel is about as follows, viz.: Where syphilis is transmitted

by the father directly to the ovum, the above-mentioned disorder of the fœtal villi with overgrowth of the epithelium of the tufts will result. Where, however, the mother becomes syphilitic by conception, this diffuse syphilis of the villi may occur with endometritis placentaris; and where the mother already before conception was or shortly afterwards becomes syphilitic, the placenta will remain normal or will develop syphilis of its maternal and fœtal portions. Finally, where the mother becomes syphilitic between the seventh month and the end of her pregnancy, neither placenta nor fœtus will be affected.

The researches of Fränkel have stimulated other investigators to explore the same field. Their results confirm his work. (Macdonald. *Brit. Med. Journ.*, Aug., 1875, p. 234). He, however, describes only a diffused form of syphilitic infiltration. That there may also be a localized deposit of gummy nodules is most probable. Brebant has reported a case where seven or eight nut-sized tumors were discovered in the fœtal placenta (*Union Méd. et Scient. du Nord-Est.*, No. 7, 1877). De Sinety (*La Progres Medicale*, Dec. 1, 1877), describes a peculiar condition of a dead-born syphilitic fœtus, whose placenta was enormously hypertrophied, pale and less consistent than normal. In most of the greatly enlarged villi the vessels were destroyed. De Sinety regarded the process as identical with the first stage of hydatidiform degeneration. This condition, however, may not have been specifically due to syphilis. In the described process there resulted such a compression of the blood-vessels of the villi, that the nutritive changes between the mother and child were interrupted and the death of the fœtus ensued as soon as the process became sufficiently extensive.*

Syphilitic disease of the umbilical cord has been reported by Taylor (*Ohio Med. Record*, Dec., 1877), and of the allantois by Hennig (*Jahrb. f. Heilk.*, iv. 69.). In the latter case, the epithelium was irregular and small-celled. Distinct and rather large nuclei were present in many cells. In the basement substance, almost as clear as glass, were arranged in elongated chains, small, strongly refracting corpuscles, usually triangular, sometimes quadrangular and most frequently possessing a single rounded nucleus. These corpuscles were very similar to those of syphilitic new-growths.

*For a full synopsis of Fränkel's paper, consult Bumstead and Taylor's "*Venereal Diseases*." 5th E.d, p. 843.

THE VALUE OF THE SNARE IN PERFORMING UVULOTOMY.

BY ETHELBERT CARROLL MORGAN, A.B.,M.D.
WASHINGTON, D. C.

Fellow of the American Laryngological Association, etc.

The employment of cocaine in the surgery of the nares, pharynx and larynx has resulted in a modification of several operations, rendered them less difficult of performance and more satisfactory in result.

Previous to the introduction of this invaluable drug, I had used the cold wire snare occasionally in making uvulotomies, but this method of removing relaxed uvulæ is now resorted to by me almost exclusively.

The particular snare selected is to some extent a matter of indifference; those of Bosworth, Jarvis, Stoerk, Sajous, or Douglas work well, provided they are not less than from six to eight inches long, and are furnished with No. 2 or 3 piano-wire. In operating on tolerant patients it is necessary to pencil the uvula, alone, with a four per cent. solution of cocaine hydrochlorate, having previously cleansed the pharynx by means of a weak alkaline spray, or gargarism.

In sensative patients disposed to gagging and retching, the entire fauces should be cocainized in order that the snare can be accurately applied.

Anæsthesia produced, a loop sufficiently large to encircle that portion of the uvula to be removed, is prepared, the tongue depressed, if necessary, and the loop adjusted. When the wire encircles

the uvula at the point where the proposed incision is to be made the loop is tightened and the organ divided at leisure. If the instrument grasps too much, or not enough, of the uvula, it can readily be loosed and properly placed, and herein lies the advantage of the snare over scissors, uvula-sectors and uvulatomes.

A sudden contraction of the palatal, or pharyngeal muscles, or a slight movement of the patient at the moment when either of the last mentioned instruments is performing its work, may result in an obliquely incised uvula, or still worse, one from which too much or not sufficient tissue has been taken.

If a snare threaded with No. 2 or 3 piano-wire be employed, the stump of the uvula will be symmetrical, there will be rapid cicatrization, little hemorrhage and a minimum of pain during and subsequent to operation.

The action of the wire in the process of tightening tends to "tuck-in" the mucous membrane and sub-mucous tissue covering the azygos fasciculi, thus promoting the formation of a symmetrical stump of natural appearance. The divided portion of the uvula may usually be made to adhere to the instrument by exercising a gentle traction prior to completing the operation.

The role assumed in respiration, phonation and deglutition by the uvula, and the annoyance, which a careless excision at times occasions, would suggest that the natural shape and proportions of the organ be preserved, as far as practicable, after an excision.

I have practised partial removal of the uvula by means of the snare during the past nine months in numerous cases, and as the result of experience consider that this method should be more generally employed.

There were 99 cases of suicide in Lyons during the year 1883, of which 72 were men and 27 women. The means employed were, in the order of their frequency: strangulation, 35; drowning, 25; poisoning, 13; fire-arms, 13; asphyxia from charcoal fumes, 6; jumping from a height, 5; cutting implements, 2.

Society Report.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD SEPT. 3, 1885.

The President, Dr. B. F. Baer, in the Chair.

Dr. B. F. Baer read the following report of a case of

OVARIAN CYSTOMA COMPLICATED WITH PERITONITIS AND PHLEGMASIA ALBA DOLENS. DOUBLE OVARIOTOMY.

Mrs. M., æt. 31, has been a widow nine years. She had one child ten years ago and had enjoyed good health until about three years before I saw her. At that time she observed her abdomen was increasing in size. This gradually progressed for eighteen months when she was large enough to attract the attention of her neighbors. After this the growth remained almost stationary, and did not affect her general health until the latter part of March of the present year, when she was suddenly seized with pain in the left iliac region. The pain was acute and radiating in character, extending principally down the anterior portion of the left thigh. She attributed the attack to an unusual exertion. Although she made an effort to continue her avocation—that of seamstress—she was compelled to give up and send for her physician, my friend, Dr. John R. Haney, of Camden.

When Dr. Haney first saw her, her abdomen was very tender over its entire surface, purple from congestion, greatly distended and tympanitic in its upper but dull in its lower portion. She was suffering great pain and had constant nausea and vomiting; her skin was hot, pulse 120, and temperature 103°. From the history, symptoms and physical signs elicited, the Doctor diagnosticated ovarian cystoma with supervening peritonitis. He administered quinia per rectum and morphia hypodermatically, together with counter irritation over the abdomen. Within a week the patient appeared to be better, when through the kindness of Dr. Haney I first saw her.

The tympanites had disappeared and the pain was not so severe, but the abdomen was still very tender on pressure, especially in the left iliac and umbilical regions; her features were drawn and flushed, and presented an anxious expression; her tongue was dry and heavily coated; pulse quick and temperature 102°. She lay quietly in the dorsal position with her thighs flexed. The abdomen was as large as at full term of gestation, and was projecting. It was dull on percussion everywhere except along the line of the colon, and in the epigastrium, and there was evident fluctuation. The uterus was retroverted, not freely mobile and very tender on pressure on the left side. Above and upon it could be felt the lower border of the circumscribed growth, which occupied the abdominal cavity. I fully agreed with Dr. Haney's diagnosis of ovarian cyst complicated by peritonitis. As she seemed to be somewhat better, I advised a continuance of the treatment as previously pursued, with the hope of obviating the necessity of ovariotomy during the unfavorable condition in which she then was. The peritonitis continued to improve slowly, but a new trouble presented itself in a very painful swelling of the left lower extremity. This continued until the limb was greatly increased in size. Its temperature was much higher than that of its fellow, which seemed to be in a normal condition. She now required large doses of morphia to relieve her pain, and she was losing flesh and strength. She still had nausea and took almost no nourishment. Her temperature and pulse had again risen to the highest point noted. Both she and her friends were willing and anxious that we should do something more radical than simply to wait for a more favorable condition for operating if we deemed it proper. I believed from the symptoms and physical signs, that the inflammatory action was extended to the cyst and not within it, and for that reason decided to wait for a subsidence of the acute symptoms which I rather confidently expected. At the same time I held myself in readiness to operate at once should the patient not improve or become worse. The next day she showed signs of slight improvement. Treatment both local and general continued. The acute symptoms gradually subsided to those of a subacute condition. The temperature had decreased to 101°, pulse 100 but weak. She was still unable to retain food and was extremely weak. I advised further delay, but she did not improve much after this, her temperature and pulse remaining about the same as that noted above. Her stomach had regained its power to a slight degree to retain and digest liquid food.

She had now been confined to her bed more than two months. Her left leg was powerless. There had not been the slightest improvement during the two previous weeks. We therefore decided to remove the tumor.

Operation, June 19th, 1885, assisted by Drs. J. R. Haney, W. A. Davis and H. M. Christian, and in the presence of a section of the class from the Polyclinic, I made an incision three inches in length down to the peritoneum and then checked the hemorrhage, which was free, with clamp forceps. I next very carefully incised the peritoneum and found, as I had expected, that it was closely united to the cyst wall. These adhesions of cyst to peritoneum were universal and it required careful and patient manipulation to separate them. The parts were exceedingly vascular and hemorrhage was profuse. After separating it as far as possible I tapped the cyst and allowed the contents, which were semi-liquid and chocolate-colored, to drain away. I next closed the puncture made by the trocar, and then completed the separation of the cyst from its adhesions and removed it. As there was a very general and free oozing of blood from the broken vessels, I introduced a number of large flat sponges and spread them over the bleeding surface. An assistant now made firm pressure upon the external surface of the abdominal walls whilst I ligated the pedicle and removed the tumor. The cyst developed in the left ovary and the pedicle was slender, not unusually vascular and of good length. The right ovary was diseased, contained a number of small cysts

and was double the normal size. I removed it also. Examination now showed that the hemorrhage had almost ceased, but there were still a number of points from which blood flowed. The peritoneum was intensely injected, and I disliked very much to pick up bleeding points for fear of making the hemorrhage worse. I therefore reapplied a large, flat sponge and had firm pressure again made from without whilst I proceeded to place the sutures for the closure of the incision. I then removed the sponge and found very little blood upon it. I replaced it by a long, norrow strip of sponge which I allowed to project from the lower angle of the wound, and then again cleansed Douglas's cul-de-sac and other dependent portions of the peritoneal cavity, after which I quickly tied the sutures from above downwards, removing the long sponge through the lower angle of the wound before I had encroached so closely upon it as to compress it in its removal. It was only slightly stained. I quickly applied the external dressing, making an unusual amount of pressure by cotton and bandage. The operation was finished, but the patient bore it badly. Her extremities were cold and purple, her face livid and pulse very weak. Stimulants hypodermically and the application of external heat, which were begun during the operation, were continued after she was returned to bed. She remained in an almost collapsed state for many hours but gradually reacted, and the next morning was in a fair condition. Her temperature was lower than it had been for weeks; pulse 112 but weak; stomach quiet; no pain; no tympany. She had taken an occasional small piece of ice but nothing else except the morphia since the operation.

21st.—Temperature 102°, pulse 120. Slight pain and tenderness in left iliac region; she had been very weak and faint during the night, for which brandy had been administered in repeated small doses. The swelling and pain in the limb had diminished; she had not vomited since the operation, and felt hungry. Ordered a teaspoonful of milk every second hour

22nd.—Comfortable and doing well. Temperature 99⅘, pulse 90 and strong; slight metrostaxis; passed flatus per rectum. Milk increased to a tablespoonful and retained.

24th.—Temperature 98°, pulse 85. General condition greatly improved. No pain; no tympany; examined wound and found it united throughout; removed sutures.

25th.—Doing well, and is bright and cheerful. She took nearly a quart of milk during the last twenty-four hours, and digested it.

30th.—She has been gradually improving. Temperature normal, pulse 95; bowels moved to-day. She is taking solid food and expresses herself as feeling quite well. Limb improving. She can now move it.

July 12th.—Sat up to-day for the first time, the twenty-second after the operation.

August 30th.—A note received from Dr. Haney to-day informs me that Mrs. M. is going about attending to some of her duties, but that she has not yet regained her strength fully and that her limb is still weak.

The recovery of this woman under the forlorn circumstances just narrated is certainly a great triumph for our art; but the case serves a better purpose in forcibly illustrating the danger of deferring operative interference in ovarian cystoma simply because the patient is comfortable and suffering no inconvenience from the presence of the tumor. The subject of an ovarian tumor is in constant danger of injury from slight causes which may produce such changes in the tumor as to render what might have been a simple and safe operation, one of extreme hazard. This had been a simple, slow-growing cyst and had not markedly affected the health during its three years of existence; yet it suddenly became inflamed and the patient narrowly escaped death as a result. The case furnishes a strong argument in favor of operation as soon as the disease is diagnosticated. Of course there are qualifications, and each case must be decided on its own merits; but the rule that an ovarian tumor should be removed as soon as it is known to exist is the only safe one to follow.

As a striking contrast to the case just related, and to show the value of the principle enunciated, I will report the following case of

POLYCYSTIC OVARIAN TUMOR; DOUBLE OVARIOTOMY.

A. R. was sent to me August 5th, 1885. She was nineteen years of age; single. Puberty was established at sixteen and she had menstruated regularly until six months previously. She then, without cause so far as known, began to flow more freely at her periods and they continued longer. About the same time she noticed a small lump in the right iliac region. This increased in size so that soon the entire hypogastrium was distended, and when I first saw her she was as large as at the eighth month of gestation. Her face showed marked signs of emaciation and palor, and the drawn, anxious expression of ovarian cystic disease. She was then having a profuse metrorrhagia every two weeks. She had not suffered any pain, and up to within a few weeks very little inconvenience except from the frequent metrorrhagia.

During the last month, however, her health had been failing. She had lost flesh, had a weak, languid feeling and suffered much from the weight of the growth. Physical examination in the normal position revealed a projecting, slightly irregular abdomen, larger on the right side, dull on percussion over the entire anterior surface, but resonant along the line of the colon. Palpation showed imperfect fluctuation and several firm irregular masses within the abdominal cavity. The vagina was verginal; the cervix uteri was pointing forwards; the body of the uterus retroverted; the whole organ enlarged and soft. It was only slightly movable independently of the tumor. The sound gave a measurement of three inches.

I diagosticated polycystic disease of the right ovary and advised immediate operation. Six days afterwards, on Aug. 11th, she entered my private hospital, and on the 13th I operated with the assistance of Drs. H. M. Christian and J. N. Richards. I made an incision two-and-a-half inches in length and came upon the surface of the tumor, which presented the white, glistening, nacreous appearance especially common to thick walled polycysts.

Tapped with Hodge's trocar. The contents were so thick that they flowed very slowly, and it was necessary to puncture several smaller cysts which was done without removing the instrument. Even then the mass did not collapse much because of a large number of young or child cysts. After closing the puncture I enlarged the incision to three inches, but I had considerable difficulty in removing the tumor. It was necessary to make firm traction with rotatory movements whilst Dr. Christian exerted a counter force and pressure through the abdominal walls. Fully ten minutes were occupied in delivering the tumor after it was tapped, but I was rewarded with an incision that looked so small that it seemed almost incredible that this large mass had passed through it. There had not been a single adhesion, but the pedicle was short, thick and vascular. I tied it with Tait's Staffordshire knot, cut the tumor away and dropped the stump. The tissues of the left ovary were found to be entirely disorganized and degenerated into a cyst as large as a walnut. This I also removed. The uterus presented a very vascular appearance and was somewhat enlarged. After assuring myself that the peritoneal cavity was entirely free from any foreign matter I closed the incision, dressed the wound and returned the patient to bed. Temperature normal, pulse 96. No pain, but as she felt a little sore and restless, ¼ grain of morphine was given hypodermatically; small pieces of ice for thirst.

14th, 8 A. M.—Temperature 99°, pulse 84; had passed a good night. At 1 P. M., twenty-six hours after the operation, milk in teaspoonful doses was allowed; water when she desired it.

15th.—Metrostaxis began this morning.

18th.—Union complete; removed sutures. Her recovery was uninterrupted. She sat up for a few minutes on the eleventh day, and went home eight miles in a carriage on the eighteenth day after the operation. To day she sent a

request to be permitted to go out, because she is feeling so well.

Certainly nothing could have been gained by procrastination in this case.

DISCUSSION.

Dr. Goodell congratulated Dr. Baer on the good results obtained in such a serious case as that first reported. Great care in the asepsis of these cases should be observed. In one of his cases of septicæmia before the operation, after complete union had been secured, the stitches had been removed, and after the patient was up, an abscess was observed forming in the line of union and was very persistent. Finally after careful search, a ligature which had been tied around the pedicle of one of the ovarian cysts was found and removed. Subsequently the other appeared, and after its removal the abscess healed.

He did not like to remove the stitches so early as Dr. Baer removed them; and he reminded Dr. Baer of a case in which he had assisted Dr. Goodell. The operation was performed on a December 5th. Convalescence was rapid, and the patient was so impatient to be home on Christmas that she could not be restrained, and on the nineteenth day after the operation she took the cars for home. The train was derailed and the jolting caused the cicatrix to open. The physician who was called in closed it immediately and the patient recovered. In another case a cough caused the wound to burst open and reveal the bowels after the stitches had been removed. This patient also recovered. For these reasons he never removed the stitches before the eighth day and not until the bowels had been opened.

Dr. Goodell inquired of Dr. Baer his method of closing the opening in the cyst after it had been tapped preparatory to its removal from the abdominal cavity. Does he employ pressure forceps? What method of dressing the abdominal wound?

Dr. Baer closes the cyst puncture with Wells's clamp forceps when the cyst wall is strong. In some cases he stitches up the opening, or ties a string below it when the cyst walls are loose and soft. He closes the external wound, as he had been taught by Dr. Goodell with silk sutures and dresses it with salicylated or absorbent cotton, adhesive strips to hold the cotton in place and take the strain off from the stitches and over all a bandage. He removes the sutures on the fourth or fifth day in order to avoid the danger of pus forming in the suture tracks as has sometimes occurred when he has allowed them to remain as long as eight days.

(*To be Continued.*)

CHRONIC ALCOHOLISM.—Messrs. Dujardin-Beaumetz and Audigé have communicated to the Institute the result of their researches on chronic alcoholism. From June 1879 to July 1883, 18 pigs were experimented upon, each of them with a different sort of alcohol, such as ethylic and methylic alcohol, alcohol prepared from corn, beet-root, and potatoes (pure and impure), absinthe, and tincture of absinthium. These were given daily with the food, in the dose of one to one and a half grammes of alcohol, two grammes of absinthe, and two centigrammes of the tinctura absinthii for one kilogramme of the weight of the body. The symptoms of intoxication by alcohol were sleepiness and prostration, vomiting of bile and glairy mucus, diarrhœa, and sometimes intestinal hemorrhage, dyspnœa, tremor, and incomplete paralysis of the hind legs. Some animals which were killed or died during the experiment were examined by Prof. Cornil. He found congestion of the digestive tube, sometimes causing hemorrhage; congestion and inflammation of the liver, but without cirrhosis; congestion of the lungs; and, finally, atheroma of the large blood-vessels, especially the aorta. The animals were not emaciated, but presented numerous extravasations of blood into the subcutaneous and muscular tissues. Impure alcohol had a much more rapid and deleterious influence than rectified alcohol. The symptoms caused by absinthe and tinctura absinthii were excitement, and spasmodic contractions of the muscles and cutaneous hyperæsthesia, but true epilepsy was never noticed.—*Brit. Med. Journ.*

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BALTIMORE, SEPTEMBER 26, 1885.

Editorial.

OUGHT WE TO PRESCRIBE ALCOHOL, AND HOW?—An immense amount to prejudice and misconception surrounds the medicinal administration of alcohol as the result of the fact that opinions are influenced more by sentiments than by facts. There are still to be found a few physicians who prescribe fermented wines and ardent spirits for almost every ailment, but, of late years, there have came forward a larger number of medical practitioners who deny that alcohol, in any form, or in any quantity, possesses useful medicinal virtues. This latter sect teach that under all circumstances its therapeutic use is positively injurious. In using remedies the physician should endeavor to steer clear of prejudice and be guided by an unbiased judgment. He should weigh the value of an agent in a just way, and accord to it whatever merit experience indicates. Those who have lost faith in the therapeutic value of alcohol should endeavor to ascertain whether this result has not been the outcome of a prejudice against the wrong and unwise use of this agent as an intoxicating drink, rather than an observation based upon a study of its medicinal properties.

It is proper also to remind those who use alcohol so freely as a remedy that due consideration should be given to the fact that a taste for alcohol as a beverage may in this manner be stimulated and developed. In the medicinal use of all stimulants and narcotics the danger of provoking a necessity and a habit for these agents should constantly be kept in view by the practitioner. When any agent is ordered as a remedy its employment should be carefully watched and controlled. We cannot but think that much of the prejudice against alcohol has grown out of the fact that many physicians are careless in prescribing the amount of alcohol they wish to employ and indifferent to the form in which it is administered.

In a very instructive paper having the title given to this article (*Br. Med. Jour.* September 5th, '85), Dr. Norman Kerr, of London, a well-known advocate of temperance, discusses the many sides to this question in a way to attract attention and to do good. Dr. Kerr's views are so thoroughly in accord with our own that we will endeavor to present his line of argument. The first point to which Dr. Kerr directs attention is in regard to the manner of prescribing alcohol. He states that he began a quarter of a century ago by prescribing alcohol in a way to make it as agreeable to the taste as possible. He soon realized, however, that there were cases in which pure alcohol could not be taken or tolerated and he then gradually fell into the habit of prescribing the alcohol in a mixture composed of compound tincture of cardamon, aromatic spirit of ammonia, spirit of chloroform, with cinnamon water, or some similar combination, with the addition of other alcoholic tinctures as indicated. By this method he claims that the intelligent physician is able to administer exactly the amount of alcohol which he wishes to employ, and to watch the precise effects of the remedy.

Dr. Kerr says: "The dictum that alcohol is always, everywhere and in all quantities, injurious has no warrant from science, or from common sense, and is opposed to the facts. In the present state of our knowledge, such a belief can arise only from the wish being father to the thought. In our recoil from the horrors of intemperance, we are apt to regard alcohol as 'only evil,' and that

'continually;' but, as professors of the art of healing and as interpreters of scientific truth, we have no right to allow our reason to be overborne by our feelings."

In answer to the question "Ought we ever to prescribe intoxicating drinks?" Dr. Kerr unhesitatingly answers, Yes. He says, "How any one can deny that they have been useful, and have saved life, I am at a loss to understand."

In support of the allegation that alcohol is always injurious in therapeutics, Dr. Kerr asserts that no proof has as yet been adduced. The various arguments tending to prove the value of the non-alcoholic experiments, Dr. Kerr shows for the most part to be fallaceous.

In answer to the inquiry, How ought we to prescribe alcohol? Dr. Kerr calls attention to the fact that we should never forget that intoxicating drinks cannot be ordered without some risk of a taste for them being acquired. "We ought" he argues, "in all cases let alcoholic liquors be the last, and not the first remedy, as they are ever fraught with possible danger. Especially we ought not to administer such 'tricky spirits' to reformed inebriates, or to persons who labor under the suspicion of a transmitted alcoholic taint. The whole system of all such is ever ready to respond to the lightest touch of the poison, and the smallest sip will often light up an uncontrollable conflagration."

He urges the importance of administering this remedy in as well-defined doses as possible and in such a form as to be liable to little disturbance from the action of other agents. Again, the prescription of an intoxicant should be limited to the occasion, only due precaution being taken that the medicine is not continued after the purpose for which it was given has been gained.

We heartily agree with Dr. Kerr in the statement that by the adoption of such a line of practice we shall act in a spirit of loyalty to the high character of our calling and whilst availing ourselves of all the aid derivable from a potent narcotic remedy, we shall shield ourselves from any imputation of recklessness and carelessness.

Sexual Ignorance.—We would call attention to the able editorial in the *British Medical Journal*, under this head, which appears in another column. We think the subject worthy of thoughtful consideration; and, further, that it is quite time that such consideration be given it. The tendency always is to postpone dealing with such questions of a delicate and difficult nature, erroneously assuming that the evil will possibly correct itself. Taken as a personal matter, there are but few of us who cannot appreciate the dangers to the young of that fostering of ignorance concerning the reproductive organs and their functions which is so universal. In a retrospect of our younger days we can now see the temptations that this want of knowledge led us into; evils that we knew not of surrounded our pathway and dogged our footsteps. Many of the young are left to contend with such evils after they have been surprised and perhaps overwhelmed by them; after their minds and morals have been tarnished; who, had they received proper instruction at the opportune time, would have doubtless escaped the contamination.

We concur in the opinion expressed by the writer of the article referred to, that instruction in the common schools in the elements of general anatomy and physiology, to be followed, upon the arrival of the proper age in the child, by lessons in the anatomy and physiology of the sexual organs, will form the best means of correcting the evils which are the outgrowth of the present system of enforced ignorance, or, what is worse, half-knowledge of this subject. But, we would add, special care must be taken to select a teacher who is not only thoroughly conversant with the subject, but also one fully appreciating his duty towards his pupils, so that the object may be gained by short, comprehensive lectures, with illustrative diagrams, rather than through the use of books. Such a teacher can render this subject not only of extreme interest, but also free it from any sense of vulgarity by surrounding it with the atmosphere of purity which rightly belongs to it; and the good impression of such teaching will never be

lost upon the youthful listeners.

In this country elementary anatomy and physiology are taught in many of our schools, but as a very general, if not universal rule, the sections treating of the sexual organs are omitted from the course; passed over as a subject too dangerous to be touched. This certainly should not be the case.

Supplementary to the school instruction there should be useful advice from some near relative who has been intimately associated with the training and development of the child's mind. We do not think that the duty of the parent in this connection should be overlooked. A few, simple, but earnest words of advice and warning from this source will go far towards perfecting the armor of knowledge and rendering it doubly protective against evils of the most degrading sort.

In regard to the instruction of girls on this subject care must be taken so as not to rudely shock the chaste feeling and modest reserve which forms one of the most beautiful attributes of the female character; but we believe that lectures delivered by a competent and respected female teacher could do no harm, but would form a basis for the more perfect understanding of the functions which are developing, and are creating within her such wonderful changes; and, in this way, prepare her for a more complete appreciation of her sacred duties and responsibilities as a woman. Here again the mother's voice should be heard as the most fitting censor for so frail and delicate a vessel.

True, this is a subject to be handled with extreme care; but it should be handled for all that, and handled honestly, letting no stone be left unturned which can serve to hide the buried evil in its hideousness. Do not wait until such evil is garnished by the fancy of a misguided or depraved imagination, and with its ugliness hidden, becomes attractive by its seductive glitter. The duty of practitioners in this matter we think is plain. They cannot go wrong in advising all parents and teachers of the young, coming within the reach of their influence, of the importance of this subject. They would by so doing stem what we are persuaded is a strong under-current of evil, resulting from prudishness and false-delicacy overreaching itself. Let not the children who are to constitute the coming generation be left to be enlightened by the imperfect teachings of ignorant and, perhaps, vicious nurses, or depraved companions, or through the pages of obscene literature. Teach them rather, that they may understand; and may early learn to curb the appetite of sex, which is nature's inheritance, so to be able at all times to keep a tight rein upon it, to hold it in check and guide it whither it should go.

Resumption of Medical Teaching in Baltimore.—On the first day of October all of the medical schools of Baltimore will resume their regular courses of lectures. Beginning with that venerable institution, the University of Maryland, which enters upon its seventy-ninth course of lectures, we observe the following changes. In consequence of a year's leave of absence granted to Prof. R. McSherry, Prof. S. C. Chew will deliver the course of lectures on Practice of Medicine, Prof. I. E. Atkinson those on Materia Medica and Therapeutics, and Prof. W. T. Councilman will lecture once each week on Pathology. No other changes in the Faculty are announced.

The College of Physicians and Surgeons will open its fourteenth annual course with the prospect of a very large class of students. No changes in the Faculty of this School have been announced. During the summer the College Building and the City Hospital attached have been thoroughly repaired, repainted and put in fine condition for teaching and hospital purposes.

The Baltimore Medical College will begin its fifth annual course under more favorable auspices that it has hitherto enjoyed. The Faculty of this School now contains a full corps of teachers. A new College Building has been erected by the Faculty on a lot extending from Howard through to Garden Street. The building contains the usual number of lecture rooms and several laboratories,

with appurtenances attached. A hospital with a capacity of some fifty beds is attached to the College Building. We are informed that a number of students have already matriculated for the present course of lectures.

The Woman's Medical College will open its fourth annual course of lectures. No changes in the Faculty of this School have been announced. Since the adoption of a three years' graded course the number of students has somewhat diminished, but it is stated that the quality of those who apply has shown a decided improvement. The School has received several small endowments during the past year, which enabled the Faculty to maintain the high position of qualification adopted several years ago. It seems to be the intention of the managers of this School to make quality not quantity the standard of its success. During the past year the Good Samaritan Hospital was established by the School. This institution is located in a large building which occupies a full square of ground admirably adapted for the purpose. The board of Lady Governors, in charge of the Hospital, will open the institution for the reception of patients during the month of October.

The Baltimore University, the latest venture in the medical teaching line in this city, will open its second annual course with a full corps of teachers. The Faculty has secured a building in the Eastern section of the city where a large dispensary clinic can be secured. The announcement of the School promises a high standard and a thorough course. A considerable amount of energy and enterprise have been displayed by this School in preparing for the class of students it is inviting.

The Baltimore Polyclinic and Post-Graduate Medical School will receive students during the entire year, except the months of July and August. The doors of this institution are now open and the courses of instruction have begun. The Polyclinic has a very large dispensary service, which provides an abundance of clinical material for its various courses. It is the intention of the Faculty of this School to open a hospital in connection with its outdoor dispensary service at an early date. Since the School was organized the number of applicants for instruction has gradually increased, in consequence of which fact the Faculty feels encouraged to prosecute its work. As the School is not a graduating body. but seeks to give clinical advantages to those who have received authority to practice from other medical institutions, it claims that it is filling a want in this community, and is therefore entitled to professional encouragement.

With the various medical institutions in our city competing for students, it cannot be said that Baltimore is behind our sister cities in her aspirations to become a medical centre. The promises and inducements held out to students to come here are, for the most part, fulsome and flattering. Baltimore offers a fine climate, cheap rates of living and a hospitable home to all who seek a temporary, or even permanent, place of residence within her corporate limits. Those young men who seek a medical education will doubtless find advantages here which are eminently entitled to consideration. We would advise all who come to examine well the advantages offered them before matriculating, and after having once made a choice to go to work in real earnest.

The Ill-health of Professor Richard McSherry.—Those of our readers who are personally acquainted with Professor Richard McSherry, of this city, or who are familiar with his numerous contributions to this and other medical journals, will learn with deep regret that in consequence of continued ill-health he has been compelled to lay aside all medical and literary work for the time being. The Faculty of the University of Maryland, of which Professor McSherry is a member, have very generously voted him a leave of absence from his professional duties during the present session. It is earnestly hoped that Professor McSherry will soon be fully restored to health and thus be able to resume his accustomed work.

Since this Journal was first inaugu-

rated Professor McSherry has been one of its warmest friends and supporters, and he has contributed generously with his pen and with his earnest encouragement to its present prosperity. In his affliction he has not only our deep sympathy, but our earnest desire for his speedy recovery.

The Tenth Annual Meeting of the American Gynecological Society was held in Washington, D. C., during the present week, under the Presidency of Professor Wm. T. Howard, of this city. The meeting was well attended, and a number of valuable papers were read.

On Wednesday the President's address was delivered. Professor Howard selected as the subject of his remarks, "Two Rare Cases in Abdominal Surgery." In an able and scholarly manner attention was directed to the diagnosis and treatment of abdominal tumors, and the various rare points, not usually considered in connection with these pathological conditions, were carefully elaborated and set forth. The address may be regarded as an able and extended summary of facts bearing upon the diagnosis of all forms of intra-abdominal growths.

We shall be able to present our readers with this valuable contribution to the literature of abdominal tumors in the next and in subsequent issues of this Journal.

Among the various papers read before the Society much valuable original matter was introduced to the profession.

We shall be able in subsequent issues to present a summary of the most important work presented at this meeting.

We are pleased to note the continued prosperity of this Society, and to record each year its valuable labors.

Dr. Ferran in Spain.—The cholera continues slowly to abate. It has already attacked about 200,000 persons, of whom about one-third have died. Dr. Ferrán continues to inoculate at $3 a syringeful. Those who can prove themselves poor he inoculates gratis. He urges the necessity of a second "massive" inoculation on the tenth day. Total, $6.—*N. Y. Med. Journ.*

Miscellany.

Sexual Ignorance.—The *British Med. Journ.* of Aug. 15, 1885, discusses this subject editorially in the following language:

Recent painful disclosures have, among other results, raised an important question which, in the present state of opinion, can be most readily discussed in the pages of a medical journal. We refer to the complete ignorance regarding the sexual organs and the sexual functions which is permitted, and, indeed, sedulously fostered, by the ordinary education which boys and girls receive in this country. Not merely does our school system provide no information on these topics which so vitally concern the happiness of every individual, but the slightest allusion to the subject is apt to be rigorously prohibited, and perhaps branded as obscenity. The result is, that there is a great deal of ignorance on these questions, and a still greater amount of half-knowledge, which is more dangerous than either total ignorance or the fullest information. We have the authority of Sir James Paget for the statement that some men grow up, and even marry, in complete sexual ignorance; and that, while this is rare in the male sex, it is extremely common among cultivated and refined women.

The decent veil which we conspire to throw over everything concerned with the reproductive function serves, beyond doubt, some useful ends, and we trust the English people will always be characterised by their delicacy of thought and expression in this matter. But we are convinced that this secrecy, this "conspiracy of silence," has gone too far, and that it is productive of serious evils. We object, in the first place, to it as unnatural. That our educational methods and social practice should permit men, or more frequently women, to marry without knowing what marriage involves, is not merely unnatural, but may be the cause of much matrimonial unhappiness. Parents and school-masters act as if innocence in such matters could last for life, and as if knowledge were a crime.

But a much more serious, because infinitely more common, evil is the objectionable mode in which sexual knowledge generally gets access to the mind. Instead of being conveyed in some plain and matter-of-fact manner, it is too often gained through the corrupting medium of lewd jest or obscene print. At the most emotional and plastic period of life, when new instincts are swelling up and causing great mental disquietude, we withhold from boys and girls the knowledge which nature is instinctively trying to impart, and we leave them to grope their way in darkness, or to seek illumination from some unhallowed source.

Why do the young so often regard an obscene work or print with such fearful but such irresistible curiosity? Not from mere depravity, as we often assume, but because they are thus unconsciously seeking information which they have a right to possess, and which we are conscientiously bound to supply in some form which will enlighten the reason, without inflaming the imagination and exciting the passions. Sexual knowledge is not wrong; its tendency is not necessarily injurious; but our mistaken methods of secrecy have undoubtedly the most unfortunate effect of stimulating the imagination to the highest point. We know the baleful fascination of forbidden fruit, not because it is sweet or pleasant, but simply because it is forbidden. This is a notable trait in human nature; but, in our attitude towards sexual questions, we have disregarded, or rather acted in direct contravention of it. The sexual function is naturally powerful, but we enormously increase its attraction for the young by labelling it as forbidden ground.

It is usually easier to indicate a disease than to apply a suitable remedy, but we shall not conclude without venturing a few suggestions. First, let us glance at what is suggested in the very few books which touch upon the question. Many urge that parents should convey knowledge on these questions to their children, at the time of life when external signs and new sensations indicate that the sexual instinct is beginning to awake. But many, probably a majority of parents, are not well fitted to undertake such a duty. Our language is badly provided with the necessary terms; and the untrained parent, ignorant of anatomical expressions, would find it hard to convey the necessary information without incurring the suspicion, and in his own mind, the reproach to indelicacy.

Some advise that the family medical attendant should act *in loco parentis* in this matter, but we are certain such action would be highly disagreeable to the members of the profession. One suggestion alone seems to meet the case; but, fortunately, it meets it most thoroughly. Elementary anatomy and physiology should form an integral part of every education. We might begin by teaching boys and girls the bones and skeleton, the functions of the heart, stomach, etc.; and then, when the suitable age arrives, the structure and functions of the sexual organs might be taken as the natural sequel of the previous portions of the course. In this way, the necessary knowledge would enter the mind naturally and simply, with no false shame on the one hand, and no fillip to the imagination on the other. We are confident that an immense reform would thus be easily and quietly effected, and that much evil and suffering would be averted. We should thus convey, in the most natural and unobjectionable form, knowledge which we have no right to withhold; and we should remove the unwholesome fascination which our present habit of secrecy imparts to sexual questions. Certain it is that the stealthy approaches of vice is favored by the existing system.

It will often be found that there is a prevalent opinion that sexual immortality is to celibates a physical necessity, an attribute of maniless, and even a collateral or prevalent condition of health. This degrading error has been so vigorously denounced by the ablest of modern physiologists, that no one has any longer a pretext for entaining or promulgating it. It has been the source of much evil, however; and wherever such an opinion is met, it must be energetically denounced.

There is an aspect of the question

which cannot be overlooked, especially as recent revelations have thrown a lurid light upon it. It has been abundantly proved that young girls are often entrapped to their ruin in the most utter ignorance of sexual questions, and of the physical significance of the act to which they are enticed. This is surely a lamentable instance of propriety overreaching itself. Innocent ignorance is always attractive; but, if it be the means of luring the innocent victim to her doom, it is surely most dangerous. How then is the girl, approaching to sexual maturity, to be made acquainted with the solemn facts of the creative act, and guarded against associating them with the base impulses of passion? We commend this difficult question to the thoughtful consideration of our readers. In this respect, also, the mothers and the teachers have a very solemn duty; and it is opportune to ask how, when, where, and by whom, it is best performed.

The Pathology of Gonorrhœal Rheumatism.—The scepticism with which the early discoveries of specific disease-germs were treated is gradually subsiding in proportion to the persistent increase in the number of diseases with a distinctly microbic nature. There can be no further reasonable doubt but that these microbes are virtually of a specific nature,—*i. e.*, that each type belongs exclusively to one affection; quite another question, and one which cannot yet be definitely answered, is, whether these germs are actually the cause of the disease (and its only cause), or whether they simply serve as an exponent of certain tissue-changes; or are, in other words, not the cause but the result of the disease. In pneumonia the latter would seem the case, while in the gonorrhœal affection the former supposition appears more plausible.

Inflammatory rheumatism and gonorrhœa being referable to microbic origin, the mystery as to the etiology of gonorrhœal rheumatism is obviously cleared up when the specific gonococci of gonorrhœa are found in the secretion taken from the joint of a patient suffering from rheumatism with an existing or latent gonorrhœa.

This observation has been made by Kammerer (*Chir. Centralbl.*, xi. 4, 1884; *Schmidt's Jahrb.*, No. 1, 1885) on a patient in whom an injury resulted in arthritis. A slight chronic discharge from his urethra revealed the presence of gonococci, which subsequently could also be found in the exudation of the joint, secured by acupuncture under antiseptic precautions.

In another case observed by the same author, in which likewise an injury produced an inflammation of the knee-joint, no gonococci could be found in the joint-exudation, while their presence could be easily determined in the secretion of the inflammed urethra.—*Ther. Gazette.*

The Treatment of Nævus by Ethylate of Sodium.—For some months past ethylate of sodium has been extensively employed by me in the treatment of cases of nævus occurring in children, and up to the present I have every reason to be satisfied with its use. I paint over the nævus two coatings of the ethylate on two consecutive days taking care to protect the surrounding skin before the application, and in all instances of superficial nævi thus treated, have found them cured on the separation of the scab. Those cases affecting the subcutaneous tissues generally require a second, or even in some cases a third, repetition of the remedy.

It seems to leave less scar than nitric acid, to cause less pain to the child, and, undoubtedly, of all applications, is the one least dreaded by the mother.—*Samuel Welch, M.R.C.S., in Brit. Med. Jl.*

Nocturnal Incontinence of Urine.—Dr. A. L. Ebermann, of St. Petersburg, in discussing the pathology and treatment of nocturnal incontinence of urine in children, insists on the necessity of a strict individualization of the cases. He divides the latter into five categories: 1. Incontinence of urine from failure of sphincter; 2. Incontinence from increase of contractile strength of the detrusor; 3. Incontinence from diminution of capacity of the bladder, which diminution results from the patient's adhering to the infantile habit of very often voiding urine; 4. Incontinence from atony, or

hyperextension of the bladder; 5. Incontinence from irritation of the vesical cervix by stones. The first variety of the cases may be recognized on the ground of—*a*, inability of the patient to retain urine also during daytime; and, *b*, easy penetration of a *bougie à boule* into the bladder. The second form may be determined by—*a*, powerful ejection of water injected into the bladder; and, *b*, pain felt by the patient when he tries to retain urine in presence of a call for micturition. The third category is diagnosed also by means of injecting water into the bladder; when the capacity of the bladder is diminished, the viscus admits only a certain small quantity of fluid, corresponding to the usual quantity of urine voided by the patient at a time; on injection of a surplus, the fluid flows back more or less rapidly, according to the degree of pressure on the piston of the syringe. Atony of the bladder is easily recognized from the escaping of a large quantity of urine through a catheter introduced immediately after spontaneous micturition. The fifth group of the cases is diagnosed by the sound. As to the treatment, Dr. Ebermann recommends for the first group the administration of nux vomica or strychnine, the ascending *douche* to the perinæum, and, above all, electricity in the shape of faradization, or, in obstinate cases, interrupted galvanization, the cathode being placed at the perinæum, the anode at the hypogastrium or sacrum; for the second group, belladonna in increasing doses (beginning with 6 centigrammes five or six times daily); still better, chloral, and in anæmic children solution of perchloride of iron; for the third group, exercise of the patient's control over the bladder, intravesical injection of warm water in gradually increasing quantities; for the fourth, frequent catheterization, vesical injection of water, and electrization; for the fifth, lithotomy or lithotrity.—*London Medical Record*, July 15, 1885.

Corrosive Sublimate in Ophthalmic Practice.—Dr. Belov, writing in a Russian ophthalmic journal, gives his experience of corrosive sublimate in the treatment of inflammation of the conjunctiva. The cases in which he used it numbered 65, and were made up as follows: 26 of catarrhal conjunctivitis, 19 of the phlyctenulous variety, 2 of the croupous, 2 of the blenorrhagic, and 16 of the granular. The conclusions to which he was led were: 1. Under the use of an extremely weak solution of corrosive sublimate as a spray, inflammatory secretions quickly diminish, and in a short time disappear. In acute cases the inflammatory infiltration quickly decreases, and in chronic cases there is also a diminution of the infiltration, which, though less marked than in acute cases, is more rapid than when nitrate of silver is used. 2 Phlyctenæ, which quickly disappear when calomel is used, are also rapidly cured by corrosive sublimate. 3. Trachoma complicated with acute or chronic inflammation, in addition to the cure of the latter, shows a diminution in the number of the granulations. 4. In all acute inflammations where nitrate of silver is contraindicated, instead of employing cold and leeches, a weak solution of corrosive sublimate can be used, not only in the form of drops and collyrium, but in extreme cases as a wash applied with a syringe. 5. In chronic inflammations and in the second stage of blenorrhœa a combination of nitrate of silver and corrosive sublimate in solution gives better results than the silver alone. 6. Good results may be anticipated from the use of a weak solution of corrosive sublimate in the form of spray as a prophylactic against ophthalmia neonatorum. The author makes the applications from two to eight times a day, continuing them for a half a minute to a minute at a time, according to the quantity and nature of the secretion. The atomizer is always held close to the eye in order that the spray may be blown in with sufficient force to remove the secretion quickly and thoroughly. In all cases the lower eyelid is first turned out and then the upper, each being sprayed separately; in this way the eye is kept open so that the whole surface of the conjunctiva is exposed to the action of the atomized fluid. In cases of phlyctenæ the

spray is used with the lower lid slightly drawn out, the upper lid being at the same time held back. The author particularly recommends the sublimate treatment in cases where nitrate of silver is unsatisfactory—*e.g.*, chronic conjunctival catarrh and conjunctivitis in scorbutic subjects, and where complicated with inflammation of the cornea. He considers the use in ophthalmic practice of a solution of the strength of 1 to 20,000 or 1 to 10,000 quite safe.—*The Lancet*, August 15, 1885.

Bacteriotherapy: A New Method of Treatment.—The *Brit. Med. Journal* says: Professor Arnaldo Cantani has turned to account the hostility existing between various microbes; and, in the first case where the experiment has been tried, the *Bacillus tuberculosis* has been killed by causing the patient to inhale the *Bacterium termo*. The harmlessness of the *Bacterium termo* to healthy animals was first ascertained by giving it in various ways—by inhalation, injection, and by the stomach—to cats, dogs, and other animals. The case is briefly as follows. A woman, aged 42, with a large tubercular cavity in the upper lobe of the left lung, was admitted to hospital on April 26th of the present year. Under quinine, cod-liver oil, and other restorative treatment, the patient was rapidly losing ground. The evening temperature was between 100° and 101° Fahr. The expectoration was copious, purulent, and contained plastic fibres and abundance of tubercle-bacilli. Animals inoculated with the sputum became tuberculous. The body weight of the patient steadily fell. On May 4th, all other treatment was stopped, and daily inhalations of the *Bacterium termo* were commenced; a rich culture in gelatine, diluted with meat-broth, being pulverised by means of an ordinary spray-producer. The expectoration diminished rapidly until it disappeared altogether. The tubercle-bacilli became fewer by degrees, being replaced by the *Bacterium termo;* and, on June 1st, the bacillus had entirely disappeared, and it did not again return. Animals inoculated with the sputum no longer became tuberculous. Meantime, the patient was gaining flesh, and improving in every way. Professor Cantani speculates on the possibility of finding, for every pathogenic microbe, a non-pathogenic hostile one. However, he very wisely does not lay great stress on a single case, nor does he pretend that the *Bacterium termo* is the best microbe to oppose to the *Bacillus tuberculosis*. Outside the body, the bacterium does not always kill the bacillus; and the two microbes are found together spontaneously in tubercular cavities. In the case recorded, however, the conditions are different from those in which the bacillus has withstood the bacterium. The bacterium was given in large quantities, and in a vehicle that was perhaps more favorable to the bacterium than to the bacillus.

Chronic Diarrhœa.—In hospital and private practice, I am sometimes consulted by females of nervous temperament, on account of a chronic diarrhœa, of several years standing, and which has hitherto resisted medical treatment. As many as six or eight stools have been reported as passed daily. When failing to discover organic abdominal disease, the following formula has produced considerable mitigation, and sometimes a perfect relief to the symptoms. I am inclined to think the disorder is a neurosis.

℞ Acidi nitrici diluti ʒss, liquor opii sedativi (Battley) ʒi, tincturæ gentianæ ʒ iss, infusi gentianæ ℥ivss, aquam menthæ piperitæ fort. ad ℥viii; one ounce to be taken three times a day.—*J. Vose Solomon, of Birmingham, in Brit. Med. Journ.*

Warburg's Tincture.—Dr. L. A. H. Bishop, of Dover, Delaware, writing to the *Therapeutic Gazette*, says:

Ever since Warburg's tincture became an officinal preparation I have watched in vain to see some notice in the journals of its use in remittent fevers. I subjoin these notes, hoping to invite attention to the subject.

No one who has used this preparation will doubt its diaphoretic power, the most effective with which I am acquaint-

ed; and since its formula has become known to the profession, there can no longer be an objection to its having a fair trial.

Although my experience has necessarily, from my location, been limited, I have reason to believe that the tincture is destined to do a good work. Where I believe it to be most beneficial is in the adynamic forms of remittent fever. It will reduce the temperature, calm the circulation, and give the patient a peaceful slumber, such as is not to be had from any other drug known to me.

During the autumn of 1883 I had under my charge a young man who was suffering from remittent fever in its most aggravated form. He had already undergone the usual treatment with quinine while under the care of a neighboring physician, but without relief. I placed him, after the use of cathartics, upon Warburg's tincture, giving ʒss doses every four hours during the remission. Its good effect was quickly seen, the fever not returning after the first day.

Since that time I have had many cases with similar results; the fever disappearing after the second or third dose.

If this limited experience entitles me to an opinion, it is most certainly a favorable one. I hope to hear an account of its use in a wider field, where remittent fevers are more frequent and of a more malignant type.

Communicability of Tuberculosis by the Genito-Urinary Organs.—Dr. Settier narrates five cases, in which the contagion of tuberculosis was probably communicated by the genito-urinary organs. The first, a man, aged thirty-eight, with no family history of phthisis, contracted a disease of the prostate after marriage with a phthisical girl who had a constant leucorrhœal discharge, which discharge was found to contain numerous tubercle-bacilli. The pus from the man's urethra also contained unmistakable tubercle-bacilli. The second case was that of a healthy young man, aged twenty-nine, in whom, four years after marriage with a phthisical woman, there were swelling of the left testicle and epididymis, and enlarged prostate. The diagnosis was established by the recognition of tubercle-bacilli in pus from the urethra. Case three, was that of a woman, married to a phthisical man. After marriage she suffered from leucorrhœal vulvo-vaginitis, and pelvi-peritonitis. When admitted, she was suffering from tuberculosis of the lungs, tongue and ear. In case four, a negress, whose husband died of phthisis, suffered from a vast tuberculous abscess of the pelvis, with commencing mischief at the apex of the right lung. In case five, a man, aged twenty-nine, suffered from pulmonary and laryngeal phthisis. The right testicle, and especially the epididymis, was enlarged. This he attributed to an orchitis, which he had long before the chest was affected.—*Lon. Med. Record.*

The Treatment of Cystitis.—Dr. Floyd Clendenen, of La Salle, Ill., writes to the *Therapeutic Gazette* as follows:

During the last few years I have had a number of cases of cystitis on my hands in which I have used the following prescription with the greatest success:

Tr. elaterium, ʒi to ʒii;
Fld. ext. belladonna, gtt. xv to xxx;
Water, q. s. ad fʒiv. M.
S.—Teaspoonful every two or three hours.

With this treatment is usually combined a tea made from watermelon seed or elm-bark. My failures with this treatment have been very few. In a few instances, where the case seemed somewhat rebellious, I have given the elaterium strong enough to get the cathartic effect of the drug. The specimen of elaterium from which the tincture is made should be perfectly pure, or the results cannot be depended upon. The way that I prepare the tincture is to exhaust 1 grain of elaterium in an ounce of pure alcohol, to which 4 drops of nitric acid have been added.

Scarlatiniform Rash produced by Intestinal Absorption of Ptomaines.—A patient observed by MM. Lépine and Mollière (*Journ. de Med. et de Chir. Prat.*, 1884) presented at first nothing

abnormal, except an artificial anus, the consequence of a strangulated hernia. One day he was suddenly seized with violent delirium, and M. Mollière noticed a considerable dilatation of the pupils. The skin was covered with a scarlatiniform rash, but there was neither fever nor angina. Poisoning by belladonna was at first suspected; but, after a careful examination, M. Lépine came to the conclusion that the symptoms were due to the absorption by the intestine of ptomaine, acting like atropine, and probably similar to that obtained by Zuelzer and Sonnenschein from putrid substances. After a short time, acute conjunctivitis and fever supervened, and the patient died. At the *post mortem* examination, a highly offensive substance was found in the intestine below the artificial anus, so that the possibility of an acute auto-intoxication cannot be disputed.—*Brit. Med. Journ.*

Reunion of Separated Members.—Dr. Klein, of the Austrian army, reports (*Wien. Med. Woch.*) two cases of perfect reunion after separation of members, which clearly demonstrate that the preservation of separated members in alcohol is not the sole office of the surgeon in such accidents. Both cases referred to self-inflicted amputation of fingers (to avoid military service). In one case union resulted in twenty-two days, in the other, where the finger was only found half an hour after the amputation, the cold and blue member grew warm on the second day, and had re-established its former relations completely within six weeks. Iodoform gauze was used in both cases.—*Ther. Gazette.*

An Honor Conferred for Medical Services.—The amount of quiet heroism shown, when occasion arises, by members of the medical profession is little understood, and, as a rule, little regarded outside of its ranks. The profession, as a whole, is exposed to the attacks of a large number of wrong-headed persons, who, in the advocacy of their petisms, heap a vast amount of undeserved obloquy upon it. We are called heartless and mercenary, and it is proclaimed that our deeds of charity are done in the hope of indirectly reaping some pecuniary reward, and that we take a "fiendish pleasure" in inflicting pain; yet those who know the inner life of hospitals, and the regular routine of general practice, know how much self-denial and how much silent courage are daily displayed. It is well for us and well for the public, that sometimes a conspicuous act of courage is brought prominently forward, and receives the recognition which it deserves; and it is, therefore, with great pleasure that we note the official announcement that "the Queen has been graciously pleased to confer the 'Albert Medal of the Second Class' upon Edward Charles Thompson, Esq., M. B., University of Dublin, L.R.C.S.I., and surgeon of the Tyrone County Infirmary, for conspicuous heroism displayed in endeavoring, on April 4th, 1885, to save the life of a child, named Herbert Mitchell, suffering from diphtheria." Dr. Thompson is to be heartily congratulated on the reward which his courageous conduct has deservedly received.—*Brit. Med. Journ.*

Medical Items.

Dr. J. B. Hamilton, Supervising Surgeon-General of the Marine Hospital Service, has presented his resignation of his office to the President. It is reported that strong political pressure has been brought against Dr. Hamilton. Being a Republican in politics it seems that his office is desired by some one in more thorough accord with the political affiliations of the party in power. Dr. Hamilton has discharged the duties of his office with marked ability and has greatly improved the discipline and efficiency of the Marine Hospital Service. It is quite an unfortunate circumstance that an office of such importance as that of Surgeon-General of the Marine Hospital Service should be classed with those of a political complexion.

Dr. P. O. Hooper, of Little Rock, Ark., a general practitioner of long experience, has been appointed to succeed Dr. C. C. Forbes as Superintendent of the State Insane Asylum of Arkansas.

Dr. Maxwell Ramos, in a letter to Dr. Dujardin Beaumetz, speaks highly of cooling the lobe of the ear in obstinate hiccough. It is not necessary to refrigerate; a cold lotion suffices.

The Rumford Chemical Works, Providence, R. I., manufacturers of Prof. Horsford's Acid Phosphate, have recently purchased a commodious building and warehouse near their present location where they propose to move their business a few months hence. This purchase has been necessitated by the demands of their large and increasing business, and it is pleasure to record such an evidence of well deserved success and prosperity.

The Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School and Hospital is the title of a new medical periodical, edited by Drs. Seneca D. Powell, Thomas E. Satterwaite, W. Oliver Moore, Charles Henry Brown, and Samuel Lloyd. It contains the proceedings of the Clinical Society of the school.

The *Medical Record* referring to the recent work of the Committee says: "There can thus be no doubt as to the sentiments of the profession. It is impossible that this sentiment should be changed by the mere fact that Dr. Cole and Shoemaker have been so completely effaced. This was a sop to the Philadelphia Cerberus; but it was a mean act and will win no support to the Committee."

An epidemic of small-pox is now raging in Montreal, Canada, and a few cases have appeared in New York City and in several New England towns. The disease also extensively prevails in Paris, Bordeaux, St. Petersburg, London, and in several other European cities. The work of vaccination and re-vaccination should be vigorously pushed in all of our cities during the present Fall.

The American Gynecological Society has elected the following officers for the ensuing year: President, Dr. T. A. Reamy, of Cincinnati First Vice-President, Dr. T. Parvin, of Philadelphia; Second Vice-President, Dr. G. J. Engelmann, of St. Louis; Secretary, Dr. J. Taber Johnson, of Washington, D. C.; Treasurer, Dr. M. D. Mann, of Buffalo; Council, Drs. F. P. Foster, of New York; J. C. Reeves, of Dayton, Ohio; B. P Browne, of Baltimore, and R. B. Maury, of Memphis, Tenn. The next annual meeting will be held at Baltimore on September 21, 22 and 23, 1886.

The discovery of Ringer's Bin-Oxide marks a new epoch in the history of emmenagogues. Price, $1. Clarke & Co., Importers, 819 Arch St., Phila. Pa.,

ERRATA.—By a mistake made in proof reading in our last issue the name of Dr. F. D. Cunningham was spelt Cummingham. The mistake was probably observed by but few of our readers. It should nevertheless be corrected out of respect to the memory of the worthy gentleman whose demise we were pained to record.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Sept. 15, 1885, to Sept. 21, 1885,

Capt. John Campbell, Surgeon. Retired from active service, Sept. 16, 1885.

Capt. F. C. Ainsworth, Asst. Surgeon. From Dept. Texas to New York City, for duty as recorder of the Army Medical Examining Board.

Capt. Wm. C. Shannon, Asst. Surgeon. Granted leave of absence for four months. To take effect about October 1.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY during the week ending September 19, 1885.

Murray, J. M., Passed Asst. Surgeon. Resignation accepted to take effect January 1, 1886.

Ross, J. W,, Surgeon. To special duty at New York.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE for the week ending Sept. 19, 1885.

Vansant, John, Surgeon. To proceed to New Orleans, La. Sept. 16, 1885.

Hutton, W. H. H., Surgeon. When relieved, to proceed to Mobile, Ala. Sept. 16, 1885.

Long, W. H., Surgeon. Granted leave of absence for ten days. Sept. 1, 1885. When relieved to proceed to Detroit, Mich. Sept. 19, 1885.

Fessenden, C. S. D., Surgeon. To proceed to Norfolk, Va. Sept. 16, 1885.

Sawtelle, H. W., Surgeon. When relieved to proceed to San Francisco, Cal. Sept. 18, 1885.

Godfrey, John, Surgeon. When relieved to proceed to Louisville, Ky. Sept. 18, 1885.

Goldsborough, C. B , Passed Asst. Surgeon. When relieved to proceed to St. Louis. Mo.

Original Article.

ON TWO RARE CASES IN ABDOMINAL SURGERY.*

BY WM. T. HOWARD, M.D., OF BALTIMORE,

Professor of Diseases of Women and Children in the Univer-ity of Maryland; President of the American Gynecological Society, etc.

The President's Address delivered before the American Gynecological Society on Wednesday, Sept. 23, 1885.

Gentlemen, Confrères of the American Gynecological Society:

In the profession of medicine, above all, perhaps, *facts are the things that teach.* And the intellect, the reason, is the test of truth. The senses are the servants who wait upon the mind, which sits as a judge deciding upon impressions and detecting the true from the false. The judge who is to discover the truth of complex medical facts and phenomena must be no ignorant, prejudiced partisan, biased by preconceived opinions. He must be richly endowed and largely stored with the wisdom of the past and the rapidly accumulating information of the present, capable of patient induction, and quick to detect the relations between seemingly dissimilar things.

Few minds, it may be said, can attain this standard of qualification for the discovery of truth. But if I seem to describe the attributes of genius, or rare qualities which can be acquired or improved only by a felicitous combination of circumstances, and that culture which presumes the possession of ample means and large opportunities—qualities illustrated by high achievements distinguishing the gifted few; on the other hand, it is equally to be remembered that valuable observations may be made, and valuable facts gathered and valuable truths discovered or illustrated and enforced by all. It is not a large number of cases carelessly observed and committed only to the treacherous custody of the memory, but the comparatively few that are carefully observed, well studied and honestly recorded that contribute to establish the great principles of scientific medicine. Truth should ever be sought in the clear light of patient and unbiased observation, and we should listen attentively to the voice of Nature, whose testimony, if properly interpreted, is ever to be trusted. It is thus that many of the pictures of disease drawn by the ancient masters, Aritæus, Hippocrates and Sydenham, even yet, through the dim vista of retreating ages, are life-like in the fresh-glowing colors of truth, and are distorted or become unnatural only when touched by the shadowy hues of conjecture.

In order that the teachings of Nature, intelligently observed, may be duly realized and perpetuated, I have ever thought that, in the report of cases, it is essential that failures as well as successes be included, as the former often teach more than the latter, and both are equally important for the elucidation of truth. The student of military science who should confine his studies to the manœuvres of successful battles, and avert his attention from the errors that have led to disaster, when victory might have been won, would lose half of the lessons taught by experience, and all of the wisdom that is born of misfortune. And the medical man who, through vanity or fear, reports only his triumphs and omits his failures, their causes and results, deprives his Fellows of as much knowledge as he bestows. I admire and honor the manly way in which Lawson Tait, of splendid genius and iron nerve, spoke of his operation for the relief of bleeding myomas, before the recent meeting of the British Medical Association at Cardiff:*

"Adverse critics have been delighted to rake up my early cases, in which the mortality was nearly 25 per cent.; but I need not say that, as I originated this proceeding, I had to bear the burden of the blunders inseparable from ignorance, blunders which have helped me not only to mend my own ways, but also to mend the ways of those who came after me, and who have forgotten to credit me with the better results which my misfortune provided for them."

*This address is not published in full as delivered, but has been condensed into as small a compass as the matter would admit. Professor Howard has presented his facts with such condensation that to cut short his remarks to any marked extent would mar the great value of his address.—EDS.

**British Medical Journal*, Aug. 15, 1885, p. 288.

Impressed with these views, and because there is too often a disposition on the part of many to suppress errors of diagnosis and unfortunate results, I reported to this Society, just five years ago, three fatal cases of rupture of the uterus and extrusion of the fœtus into the abdominal cavity, with laparotomy. All occurred in the practice of others. The literature of the subject was scanty, widely diffused, and, when I was suddenly called to operate, I had little light to guide me, as it seldom falls to the lot of one person to perform laparotomy, under such circumstances, as many times. In looking back now at these cases in the light of the experience then acquired, it seems to me that the life of one might, with a high degree of certainty, have been saved, and that the life of another might probably have been saved. The third and last case, when I was called in to operate, was already *in extremis*, and the operation was done as a *dernier resort*, and to relieve intense suffering. But had laparotomy been promptly done when the accident occurred, the unfortunate woman might almost certainly have been rescued.

To-day, I propose to present the histories of two rare cases of exceptional interest and great importance, in which I was so completely baffled in diagnosis that I declined an attempt to make one. And I trust that the lessons they teach may be useful to others, as I fain hope they may be to myself.

Case I.—Sarah Hawkins, negress, aged 24 years, married, presented herself at the Dispensary attached to my service in the University of Maryland Hospital, on April 20, 1882. She stated to my Chief of Clinic, Dr. W. P. Chunn, that menstruation first occurred at the age of 14, and had always been regular and normal; that she was the mother of five children, and had never had a miscarriage. Her last child was born two months before; and, some days afterwards, she noticed an enlargement of the lower portion of the abdomen, which gradually extended in the middle line up to the umbilicus, attended by bearing down pains and frequent micturition. Upon examination, by Dr. Chunn, fluctuation was found to be well marked all over the abdomen, with decided resonance about the umbilical region, and with dulness and bulging in both flanks. Six weeks after this date she came to the Dispensary again, and Dr. Chunn found that the umbilical resonance had entirely disappeared, being supplanted by dulness on percussion, and the umbilicus itself was projected forward in the form and shape of a spherical tumor. Nearly two weeks after this last examination by Dr. Chunn, he brought her before my clinical class on clinic day, and I saw her for the first time. Noticing, at a glance, that she was ill, I made a very careful examination. The temperature was 102.5° F., pulse 120, and respiration 32 to the minute. Auscultation and percussion quickly revealed the unmistakable signs of pleurisy; dulness on percussion on the left side up to the supraspinal fossa, feeble respiration over the base, a decided broncho-vesicular respiration near the upper limit of dulness, and a well-marked œgophonic twang to the voice. The abdomen was enlarged to about the size of a seven months' pregnancy, was remarkably protuberant in the centre, and one would say, at a glance, it was, in all probability, an ovarian cystoma. There was complete dulness over the entire tumor, which remained unchanged in any position, and quick and equal fluctuation in every direction. The abdominal wall was harder and more resistant than natural, but in no place was this better marked than another, and there was no evidence whatever of a solid tumor. In short, the signs of a simple unilocular cyst seemed perfectly developed. Examined per vaginam, the uterus was well in front of the tumor, the sound entered 2¾ inches, and was uninfluenced by an effort to move the tumor, which seemed unusually tense and elastic.

The question then was, *What is it?* I will not discuss all the conditions which might possibly produce the phenomena in question, but only those which usually and instinctively suggest themselves.

1. Was it an *ovarian cystoma?* The first objection to that view of the case is

the extreme infrequency of that affection in the negro race. Indeed, although my entire professional life of forty years has been passed in communities in which negroes exist in large numbers, and for the past eighteen years many hundreds have attended my gynecological clinics, I have yet to see an ovarian cystoma in the negro race. The testimony of the late Dr. W. L. Atlee was nearly similar. He wrote: "I may state as a remarkable fact, that out of 255 operations performed by me for the removal of the ovary, only one was performed on the negro, and that a mulatto, notwithstanding I have been frequently consulted by that class for abdominal and pelvic tumors. So satisfied am I of the predominance of fibroid tumors in the negro that when consulted I never anticipate finding an ovarian tumor."*

Again. The growth of an ovarian tumor is usually slow. Although Lawson Tait affirms,† in speaking of ovarian tumors, that "the rate of increase gives no guide," and to prove his statement cites an instance in which he removed a multilocular tumor of great size from a patient aged sixty-six, "which had grown in four months;" still, even if it be granted that the history of this wonderful case was not misleading, the general fact remains that it usually requires one and a half to two years for an ovarian tumor to reach the size of the pregnant uterus. We all know how often patients tell us that they have only recently become aware of the existence of fibroid tumors of the uterus, and, indeed, of many other morbid conditions, when universal experience nullifies the idea of recent occurrence.

For these reasons chiefly I rejected the diagnosis of ovarian cystoma in the case in question.

2. *Was it a fibro-cystoma of the uterus?* The first question to be considered is, what is the *relative frequency* of this affection and of ovarian cystoma? For the infrequency of a disease is a matter of great importance in questions of difficult diagnosis; and, as Chomel has well insisted, when a group of symptoms belongs to two affections, one of which is very frequent, and the other as rare, the physician will, and naturally should, be led to apply those symptoms to the most common disease.‡ Fibro-cysts of the uterus seem much more common in this country than abroad. The lamented Peaslee, writing in 1872, says:§ "I have myself met with ten cases in the last two years, and have seen not less than fifty since my first operation of ovariotomy in 1850." Dr. Emmet states that, in former years, he saw an unusual number of fibro-cystic tumors of the uterus, but that now, from more widespread knowledge of these growths, he sees comparatively few cases.‖ Dr. Thomas's experience in regard to uterine fibro-cysts, seems to have been small. He says:¶ "I had recently under my care two very large tumors supposed to be of this kind." And I do not find in his work** that Dr. Byford has seen a case. Dr. Atlee has recorded the history of only five fibro-cystic uterine tumors, although he did 378 ovariotomies. On the other side, Lawson Tait, writing in 1882, says:†† "The fibro-cystic tumor of the uterus is an extremely rare affection, so rare that until four months ago I had never seen a case;" and, in spite of his enormous experience and wonderful skill, he mistook that for a unilocular parovarian cysts, and removed it with a fatal result. In respect of Sir Spencer Wells' unequalled experience, Dr. Peaslee says: "He answers me that he meets with not more than one fibro-cysts for fifty ovarian cysts." Perhaps that is his reason for not alluding to the subject in the chapter "On Differential Diagnosis of Ovarian Tumors" in his recent work,‡‡ although he has done 1,139 ovariotomies. Dr. Thomas Keith made his first mistake in diagnosis of 194 operations,§§ when he mistook a case of fibrous cystic tumor of the uterus

* Ovarian Tumors, p. 192.
† Diseases of the Ovaries, Fourth Edition, p. 189.

‡ Elements of General Pathology, p. 337.
§ Ovarian Tumors, p. 106.
‖ Gynecology, Third Edition, p. 678.
¶ Diseases of Women, Fifth Edition. p. 557.
** Diseases and Accidents Incident to Woman, Third Edition.
†† Diseases of the Ovaries, Fourth Edition, p. 215.
‡‡ Diagnosis and Surgical Treatment of Abdominal Tumors, 1885.
§§ Contributions to the Surgical Treatment of Tumors of the Abdomen, p. 25.

for an ovarian tumor, which attests, at once, his unrivalled accuracy in diagnosis, and the infrequency of uterine fibro-cysts abroad.

It is clear, then, from the evidence adduced, that, in respect of frequency of occurrence, whether in this country or abroad, a fibro-cystoma of the uterus in comparison with an ovarian-cystoma is a very rare disease. This is all the more remarkable in the negro race, among whom fibroids of the uterus are met with every day; and uterine fibro-cysts, in certainly the majority of cases, are merely extra-uterine fibroids that have become softened. I have only once seen a uterine fibro-cyst in a negress, aged 32 years, filled with pus, and removed with a fatal result.

But however important as an element of differential diagnosis, infrequency of occurrence of fibro-cysts of the uterus may be in the white race in a doubtful case, it avails little in the negro race, among whom ovarian cystoma are almost unknown. Still, as ovarian and fibro-cystic uterine tumors are almost equally among the rarest of all rare things in negroes, that fact alone should rather lead the mind away from the diagnosis of these affections among them, in quest of others to account for the phenomena in question. But before that is done, other elements of diagnosis should be utilized. What influence has *age* in the solution of the problem in hand? In a remarkable paper upon the "Diagnosis of Ovarian Tumors from Fibro-Cystic Tumors of the Uterus," by our eminent Fellow, Dr. Charles Carroll Lee,¶ and which has been so generally quoted both at home and abroad, he gives the histories of 19 cases, derived from various sources. In 18, the age is stated; and there were only two under 34 years: generally, they were from 40 to 50; one was 26 and one 27. To these, I have seached out and added 9 others. Five reported by Dr. W. L. Atlee; aged respectively 36, 40, 40, 56 and 42 years; two by Dr. Thos. Keith, 52 and 28 years; and one by Dr. Hunter McGuire—a negress.* Thus, of 27 cases of fibro-cysts of the uterus, only 4 were under 34 years. In view of these facts, it seems to me that the *age* of the patient is a matter of considerable importance in the differential diagnosis of two affections often so confessedly difficult, if not impossible, as to elude the skill of the most accurate, however matured and sharpened by the amplest experience. Of the 19 cases of fibro-cystic tumors of the uterus collected and analized by Dr. Lee, a correct diagnosis was made before operation in only one: all the rest were mistaken for ovarian cysts. So far then, as *age* lent aid to diagnosis, my case, 24 years old, was probably not a fibro-cyst of the uterus; still, Dr. McGuire's case was of the same age and of the same race: a fact well-known to me at the time.

The *rate of growth* is always to be considered, and there can be no question that uterine fibro-cysts, like hard fibroid tumors, usually grow much more slowly than ovarian cysts; still, we have the authority of Dr. W. L. Atlee† for the statement that the growth of the former *may* be as rapid as that of the latter; and Peaslee‡ makes the same assertion. In all such affections, however, the *rate of increase* must be received with caution and reserve; and the fact that they may remain long unrecognized, depreciates the value of this element of differential diagnosis. Hence, I was not disposed to attach great importance to the statement of my patient, of very limited intelligence, that the growth, whatever it might be, did not date back farther than three months and a half.

It is generally taught that in making a diagnosis between a uterine fibro-cyst and an ovarian cyst, we must remember that in the former the uterine cavity is generally enlarged—much exceeds two and a half inches in length—and that *menorrhagia* and *metrorrhagia* are generally observed. But the exceptions are not infrequent. On the 3d of July, 1880, I performed double ovariotomy on a lady, 28 years of age, who had suffered from profuse meno- and metrorrhagia for ten years and who had no uterine disease. She had metrorrhagia when the operation was done. Hæmorrhage promptly

¶ *New York Medical Journal*, vol. xii, p. 449.
* *Philadelphia Medical Times*, Vol. II, p. 244.
† *Op. Cit.*, p. 262.
‡ *Op. Cit.*, p. 107.

ceased and never returned. Hear the testimony of our eminent Honorary Fellow, Dr. George Granville Bantock.

In writing about hysterectomy he states:§ "If any one were asked to name the most characteristic symptoms of uterine fibroid, he would probably answer '*hemorrhage*.' But it is a remarkable fact that in only 4 of 21 cases in which I have operated was this a prominent symptom at the time of operation." There are so many affections of the uterus which may co-exist with an ovarian cystoma, and produce profuse uterine hemorrhages; and, on the other hand uterine fibro-cysts are so generally extra-uterine, with slight involvement of the uterine wall, that the presence or absence of uterine hemorrhages ought not, in a doubtful differential diagnosis, to receive great weight. And this is all the more apparent when we consider that diseases of the ovaries themselves produce copious uterine hemorrhages. Thus, a few years back, I lost a patient from incessant metrorrhagia which nothing could control; and the *autopsy* revealed the existence of carcinomatous degeneration of the right ovary as the sole lesion. On the 21st of May, 1884. I performed oöphorectomy on a married and sterile lady, aged 25, who had no uterine disease, and had long suffered from metrorrhagia. Both ovaries were nearly three times their normal size, hard, nodulated, and undergoing cystic degeneration. And Lawson Tait has emphasized the close association of uncontrollable menorrhagia with small cystic ovaries.‖

In the case which forms the text of these remarks, there were no menstrual irregularities whatever. Having rejected the diagnosis of uterine fibro-cyst, I next considered—

3. *Was it a parovarian cyst?*

Dr. Atlee, who seems to have had an exceptionally large experience in cysts of this kind, says:¶

"There is no condition of the female abdomen that imitates ovarian dropsy as much as this. It may be safely asserted that its external appearances, when the disease is fully developed, are identical with those of unilocular ovarian dropsy, at a similar stage of development."

My case, like a parovarian cyst, presented to palpation a uniform and rapid increase in every diameter of the tumor; and, according to Peaslee, a parovarian cyst "occurs most usually in young women," and my case was 24 years of age. On the other hand, parovarian cysts are usually of very slow development, and generally so placid that, although they may fill the abdomen and even reach to the sternum, they may be compressed to the umbilicus, while an ovarian cyst is hard and incompressible—clinical data especially emphasized by Goodell*—who affirms that exceptions to this rule are very rare: that is, either a tense parovarian cyst or a flaccid ovarian one. I have seen only two well-marked exceptions; a tense parovarian cyst in the practice of Dr. Alan P. Smith, of Baltimore, and quite recently, in my own practice, a large flaccid ovarian cyst, of which I will speak further on. In the case I am discussing, as already stated, the cyst was hard, tense, and elastic. In respect of the value of *age*, as an element of diagnosis, Dr. Atlee's experience does not seem to bear out Dr. Peaslee's statement. Of seven cases reported by Atlee, the ages were, respectively, 25, two 29, 30, 40, and two 44 years old. *Slowness of development* is more characteristic. Goodell removed a parovarian cyst which had existed ten years, and Lawson Tait one which had been in existence more than ten years. Still, these cysts occasionally grow rapidly. Tait says that he has "removed a very large parovarian cyst, * * * where the fact was fully ascertained that the tumor grew in less than six weeks;" and in another place (presumably, from the connection, speaking of these cysts) that he has "removed two unilocular tumors, one of which grew so as to completely distend the abdomen in seven weeks; and another, almost as large, which had not been noticed for more than five weeks."† But parovarian cysts are comparative rare, do not seriously affect the general health, and almost always impart to the palpating hand the sensation of a very *thin* liquid. And I read-

§*Brit. Med. Journ.*, Aug, 26, 1882, p. 364.
‖*Op. Cit.*, p. 190.
¶*Op. Cit.*, p. 107.

Amer. Journ. Obstet., Vol. XVII, p. 391.
†*Op. Cit.*, pp. 167 and 189.

ily excluded a parovarian cyst in my case.

4. *Was it a case of simple ascites?*

When I saw the case, pure *ascites* was out of the question. The lines and limits of dulness and fluctuation corresponded exactly in all positions; the percussion note was resonant at the sides over the ascending and descending colon; and the abdomen was not sufficiently distended to prevent the buoyant intestines from floating to the surface, as occurs exceptionally in excessively large accumulations of free fluid in the peritoneal cavity, and thus mimicking encysted fluid.

5. And lastly. Was it a case of so-called *encysted dropsy of the peritoneum*, the result of simple peritonitis?

This is admitted, on all hands, to be an extremely rare affection. The intestines may be strapped down to the back by adhesions and large deposits of lymph, or held down by a thickened or shortened omentum; and plastic exudations so disposed as to form a cyst-like cavity in which serum is imprisoned, so that the areas of dulness and resonance remain the same on changing the patient's position.

In October, 1875, I was kindly invited by Prof. Erich, of Baltimore, to witness an ovariotomy in a negress, æt. 20, who was supposed to present all the physical signs of a large ovarian cyst, and the diagnosis had been sustained by the character of the fluid drawn by tapping, which was positively stated, by an experienced microscopist, to reveal the presence of the so-called ovarian cell.* It turned out to be, however, "encysted ascites simulating ovarian dropsy," and was followed by an unfortunate result. Dr. J. Ewing Means has reported a similar case, æt. 40, which he mistook for a multilocular cyst of the ovary, and for which he operated with a fortunate issue.† But according to Peaslee and Barnes‡ in encysted dropsy of the peritoneum, fluctuation is weak and limited, the abdomen is not prominent but flat, at points even depressed, the health is not bad, and the increase of the affection slow; while, in my case, all this was reversed. In the cases in question, however, the inflammatory exudations in the abdominal cavity are attended, especially in their earlier stages, by symptoms of constitutional disturbance much more acute and graver than those which usually herald the earlier periods of ovarian cystoma. But as my case was attended by acute pleurisy, marked constitutional disturbance, and the abdominal enlargement revealed no tenderness upon pressure, there seemed no reason why the acuteness of the phenomena present should be referred to encysted dropsy of the peritoneum, and it was excluded.

Those of you who may have honored me thus far in listening to this address are ready, I fancy, to say: "You have been speaking long enough already, if not too long. Why do you not tell us at once what the thing was?" Well, I will anticipate enough to say it was not any one of the morbid states I have been discussing.

The case was transferred to my gynecological wards in the hospital, and on the 20th of June, having thought it over, I considered what was best to be done. Would it be best to aspirate the pleuritic effusion and thus relieve the oppressed breathing? In a bad case of multilocular ovarian cystoma, I had given prompt relief, August 15th, 1878, to a lady, æt. 50, by aspirating the left pleural sac, which was filled to repletion by an acute pleuritic effusion, and which did not return. In this case, however, I determined to aspirate the abdominal cyst. This I preferred to making an exploratory incision, which might lead, of necessity, to a completed operation, for which, should it be subsequently required, I hoped to have the poor woman in better condition. And this I proceeded to do, with every anti-septic precaution. As the fluid, which was of a light straw-color, was pumped into a large pitcher, it began to coagulate as speedily as blood; and, an hour afterwards, I never saw a firmer clot and more abundant serum in the by-gone days when medical

* *Boston Med. and Surg. Journ.*, Vol. ciii., p. 318.

† Trans. College Physicians, Philadelphia, Vol. i, p. 171.

‡ Med. amd Surg. Dis. Women, Second Ed., p. 366.

men were not afraid to bleed. After all the fluid was removed, large, hard masses were easily felt through the abdominal wall resembling those felt after tapping in the walls of a multilocular ovarian cyst. According to Dr. Atlee's teaching, as we all know, I had before me a fibro-cyst of the uterus. Said he:§

"I consider the fluid removed from a fibro-cystic uterine tumor to be blood, *minus* the corpuscles, or true *liquor sanguinis*, which rapidly coagulates on exposure to the atmosphere, and after a reasonable time separates into fibrin and serum. So far as my experience goes, I have met with no other fluid, removed from the abdominal cavity, that undergoes such changes; nor have I met with any other form of tumor that furnishes such a fluid. It may, therefore, be pronounced not only diagnostic but pathognomonic."

But my experience had furnished me two cases before this which clearly seemed to negative Dr. Atlee's experience. About four years before this date I had a case under care in which I was greatly puzzled in making the diagnosis between an ovarian cyst and fibro-cystic tumor of the uterus. I aspirated the tumor and drew off nearly two pints of a reddish fluid (all that would flow from the tube) which did not coagulate during the twenty-eight days that I kept a portion of it in a bottle; and, relying upon Dr. Atlee's test of the speedy coagulability of fibro-cystic fluid, I decided in favor of ovarian cystoma. But when I subsequently opened the abdomen I encountered a large fibroid of the uterus growing from the right side of the organ by a pedicle about the size of a man's wrist, and undergoing cystic degeneration. This case proved that the fluid from a fibro-cystic uterine tumor does not always rapidly coagulate on exposure to the atmosphere. Again. On the 20th of December, 1878, I was consulted by a gentleman, æt. 49, from Raleigh, North Carolina, who had been suffering for some months from apparently simple ascites or hydro-peritoneum. Remedies made no improvement in the disease; and from frequently getting out of bed at night, and sitting up to relieve, in some degree, urgent dyspnœa, he contracted a croupous pneumonia which involved the entire right lung, which is twice as fatal as pneumonia of the left. Dyspnœa became so alarming that on the 3rd of January succeeding, assisted by Prof. George W. Miltenberger, I tapped the abdomen. The ordinary trocars used in this little operation were too short to penetrate entirely through the abdominal wall, and I used an aspirating tube, which entered four inches and a quarter before the lemon-yellow fluid began to flow. It soon began to coagulate, and the clot formed was nearly as large, in proportion to quantity, as occurs in venesection. Perhaps there was a chronic diffuse peritonitis, which sometimes arises in the course of old standing ascites, particularly if the latter be dependent on stasis in the portal vein, and more especially when an atrophic nutmeg liver is developed as a result of the stasis,‖ as was altogether probable in the case in question. In ordinary simple ascites there is generally some spontaneous coagulation, but nothing like what took place in this case, which proved that there is another fluid removed from the abdominal cavity other than uterine fibro-cystic fluid, which speedily coagulates on atmospheric exposure. Thus to resume: an analysis of these three cases proves (1) that the fluid from a fibro-cystic uterine tumor does not always rapidly coagulate on exposure to the atmosphere; (2) that fluid simply from the abdominal cavity may rapidly coagulate on atmospheric exposure; and (3) that fluid removed from an abdominal cyst, not a fibro-uterine cyst, may do so likewise.

After the cyst was aspirated the patient seemed to do well until the third day, when she had a chill, rapid rise of fever, and all the signs and symptoms of acute peritonitis quickly supervened. On the seventh day she died, and, at my request, the *autopsy* was kindly made by Dr. I. E. Atkinson, Professor of Pathology in the University of Maryland.

"Body emaciated and of medium size. A tumor-like prominence was visible in the epigastric and umbilical regions. The presence of fluid was not evident to palpation. Upon opening the abdominal cavity, a mass as large as a child's head at term, presented at the opening. This proved to be composed of omentum, transverse colon, and small intestines, bound together and made smooth and

§ Op. Cipt., p. 289.

‖ Bauer, in Ziemssen's Cyc., vol. viii, p. 296.

continuous by inflammatory exudation. As the masses of lymph were gently separated, the thickened and inflamed peritoneum was seen to be everywhere invaded by firm miliary tubercle. Recently formed visceral peritoneal adhesions were found throughout the abdominal cavity, and tubercle was sprinkled over both parietal and visceral surfaces. There was but little fluid in the abdominal cavity of a pale straw-color. There was no sign of ovarian or uterine disease. There was some tubercular ulceration in the small intestine. The other abdominal organs remained unaffected.

Upon opening the thorax, a large quantity of clear serum, of the color of brown sherry, escaped from the left pleural cavity. Both costal and visceral pleuræ were invaded by scattered miliary gray tubercles. The pericardial sac also contained some fluid of a straw-color, and had a few miliary tubercles on its surface towards the base. In both lungs were scattered miliary gray tubercles, but no softening or caseation."

It is thus seen that this was a case of encysted tubercular peritonitis, which presented the characteristic phenomena of a unilocular ovarian or parovarian cyst.

The small amount of fluid found is obviously accounted for by the recent attack of adhesive peritonitis, which nearly obliterated the tubercular cyst, and by the large amount drawn off by aspiration.

Now, it may well be asked: As you correctly reasoned out what the case was not, why did you not reason out what it was? The answer is near at hand. I was so engrossed with the phenomena before me that I strangely failed to remember the clinical history recorded by my intelligent chief of clinic, Dr. Chunn, and to attach due importance to commemorative events. We all know how prone we are not to give great weight to the past observations of others, when they are in complete and obvious contrast with what we immediately observe ourselves.

The history of the case evinced the presence of a fluid evidently free in the peritoneal cavity when the patient first presented herself to Dr. Chunn, and when I saw her, about seven weeks later, there was obviously fluid imprisoned in an abdominal cyst. Now, this was evidently the result of a simple or tubercular peritonitis, or else cancer of the peritoneum. And as the latter would, in all probability, be excluded by the absence of its concomitant circumstances, the diagnosis would be narrowed down to the two former. But as tubercular peritonitis is usually associated with a tuberculous process distributed throughout the body, and notably in the lungs, the presence of pleurisy in my case ought to have been strikingly significant, and, by the familiar process of exclusion, a simple inflammatory cyst ought to have been rejected and a tubercular peritoneal cyst accepted. This is the important lesson which my case teaches. But if I failed to read it right, while I have no disposition to dodge behind the ample shield of great names, it is some consolation to know that some of the ablest and most experienced gynecological diagnosticians have failed likewise, as will presently appear.

The literature of encysted tubercular peritonitis, simulating ovarian cysts, is very scanty. No illustrative cases are given in our standard gynecological works; indeed, the subject does not seem to have received even the cold respect of a passing recognition, nor in works on the general Practice of Medicine, save in a perfunctory and dimly-shadowed way of no practical utility, unless the following, cited by Bauer,¶ be a slight exception:

"In Kanlich's work a case is recorded in which the partial sacculation of fluid by means of firm membranes produced phenomena which gave rise to a similarity to an ovarian cyst."

In works consecrated to diseases of the ovaries and ovariotomy, we do not find much on the subject in hand. In his great work, Peaslee* simply says: "Acute tubercular peritonitis may simulate an ovarian or other form of abdominal tumor." Sir Spencer Wells enlightens us with a single illustrative case. Called, in 1862, to see an unmarried lady, æt. 22, whose abdomen was as large as that of a woman near the full term of pregnancy, and filled with free fluid, which gravitated to the lowest point with all changes of position; and looking at her appearance, and to the fact that she had occasional pain, he diagnosticated a sub-acute form of tubercular peritonitis. Some months afterwards, however, a remarkable change had taken

¶ Op. Cit., p. 346.
* Op. Cit., p. 156.

place. The abdomen was much more prominent and arched than before; it was dull in all positions of the body, and clear in both flanks as she lay on her back; fluctuation was evident in all directions; and, on taking a deep inspiration, a cyst appeared to move downwards from the epigastrium beneath the parietes. He now doubted the accuracy of his first opinion, and she was tapped. Seven days later he became rather impressed with the belief that he was dealing with a thin, non-adherent unilocular ovarian cyst, and made an exploratory incision. No cyst appeared; but a large quantity of opalescent fluid escaped, and the whole of the peritoneum was seen to be studded with myriads of tubercles.† So that, although he had the advantage of a personal examination when the diagnosis of an abdominal cyst was clearly out of the question, and sagaciously made a correct diagnosis, subsequently, when the conditions were radically changed, he doubted its accuracy and thought he had before him an ovarian cyst. But the most remarkable part of the history of this lucky lady remains to be told. She got well, married, and, in 1884—twenty-two years afterwards—was still well.

(*To be Continued.*)

Society Report.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD SEPT. 3, 1885.

The President, Dr. B. F. Baer, in the Chair.

Dr. Goodell exhibited his improved

UTERINE DILATOR.

He said that the main difficulty in the operation for the rapid dilatation of the cervical canal, lay in the liability of the blades of the instrument to slip out. This he had in a great measure overcome by having shallow grooves cut into them. Into these grooves the tissues sank, and the resulting friction kept the instrument in place.

Since he had called the attention of the Society to his instrument, not quite a year ago, he had performed the operation forty-one times for dysmenorrhœa and sterility, making in all two hundred and nine such cases. In not a single instance had dangerous symptoms followed, and the average of success was a very large one. He had become firmly convinced that for dysmenorrhœa and sterility the operation of rapid dilatation of the cervical canal would, except in some very rare cases of stenosis of the os externum wholly supersede the cutting operation, the use of tents or the slow dilatation by any means whatever. For by the former, not only was the measure of success far greater, but the danger from inflammation was very much less. He dilated the parts from three-quarters of an inch to one inch and a quarter as measured off by the register in the handles, watching the cervix carefully to see what strain it could bear. His instrument could be opened to the width of one-and-a-half inches, but he resorted to that extreme divergence only when wishing to introduce his finger for diagnostic purposes. This he could not ordinarily do unless the parts were relaxed from hemorrhage. Usually, however, when suspecting the existence of a polypus, he did not find it needful to pass in his finger, for after a moderate dilatation he introduced a fenestrated forceps and opened it at hap-hazard. In this manner he has repeatedly caught and twisted off a polypus without knowing it was present. The subsequent removal of the growth through the os uteri being the most difficult part of the operation.

Dr. Baer was strongly impressed by the case of a lady whom he had delivered to-day as to the advisability of entirely giving up division of the cervix. A year and a half ago he had slit up the cervix posteriorly, and to-day he felt very anxious during the first stage of labor as to the

† Op. Cit., p. 20, and Ovarian and Uterine Tumors, London, 1882, p. 100.

probability of laceration of the uterus, starting from the seat of the former operation. The anterior lip was very long coming down under the pubis, and the posterior lip could not be felt. The case will be reported fully.

When the uterus contains a polypus the continued hemorrhages induce the contractility, and a single dilatation will sometimes enlarge the os sufficiently to admit the finger or forceps; but, if the uterus is healthy, it contracts immediately after the withdrawal of the dilator. He could not recall an instance of inflammation following rapid dilatation. Sterility of long standing is seldom cured by dilatation or any other means.

Dr. C. M. Wilson had seen recently in the practice of Dr. Ellwood Wilson a uterus, the cervix of which had been divided bilaterally some years ago. The operation had resulted in the development of the symptoms peculiar to a bad laceration of the cervix, with ectropion. Trachelorrhaphy was performed by Dr. Agnew, with complete relief to the patient. Dr. Wilson mentioned this case to call attention to the change in opinion and practice since Emmett proposed his operation.

Dr. Longaker inquired as to the prevention of slipping of the dilator, and called attention to the original method of pressure over the fundus of the uterus.

Dr. J. C. Allen has performed rapid dilatation over seventy-five times and has never seen any bad results from the operation. The blades of his instrument diverge as they separate, and there is no disposition to slip out. The blades are more curved than in Dr. Goodell's instrument; he thinks that an advantage in holding the instrument in place; the handles are turned up so as not to touch the bed or table.

Dr. Goodell prefers the slight curve, so that in flexion of the uterus he can introduce the dilator with its curve reversed to the bend in the womb, and by opening the dilator in that position rectify the flexion of the organ. He prefers parallelism of the blades, because the stenosis of the cervix is greatest at the external os, and there is no need for dilatation above the internal os. He considers it dangerous to press the fundus of the uterus down while using the dilator for fear of wounding or even penetrating the tissues, and he uses a strong tenaculum to hold the organ; but since he had got Mr. Gemrig to roughen the blades by grooves, he had not been annoyed by the slipping of the instrument. He rarely finds it necessary to separate the blades more than one inch, but he sometimes does so to the extent of one-and-a-half inches, especially when he wishes to introduce his finger into the uterine cavity.

Dr. Goodell exhibited two specimens of

PAROVARIAN CYSTS.

In each case the cyst was so detached from the ovary that the former could have been taken away without injury to the ovary. He was greatly tempted to practice conservative surgery in these cases, and leave the ovaries untouched; but on account of apparently incipient cystic degeneration, they also were included in the ligature and removed. Both these cases were operated on in his private hospital and both had recovered.

In his experience, the removal of parovarian or of broad ligament cysts was one of the most successful of operations. Out of a large number which he had performed, he could recall but a single fatal case, and in that the result seemed hardly due to the operation. The lady lived in a distant city and he did not see her after the operation, which was a very easy one. At the end of a week the bowels were moved, the stitches removed and everything gave promise of an unusually prompt convalescence. On the twelfth day, however, she was seized with uncontrollable vomiting and she died on the seventeenth day. Six months previously she had had an analogous attack of vomiting, from which she barely escaped with her life. Thus far this year he had had eighteen ovariotomies, and this was the only fatal case among them.

Dr. Montgomery wished to ascertain the the opinion of the Society as to the advisability of removing the second ovary when in an operation for the removal of an ovarian cyst the other ovary was found to be slightly diseased,

In his first ovariotomy, performed in 1879, the second ovary was found to contain numerous small cysts; it it was not removed, and the patient has since been twice pregnant, and there has been no appearance of another tumor, nor any symptoms referable to the remaining ovary. If the climacteric has been passed there would be question about it.

Dr. Baer inquired if tapping ever cured parovarian cysts. It was formerly reported a means of cure. Do they always return after tapping? Would Dr. Goodell recommend tapping in undoubted parovarian cyst? He himself felt strongly inclined toward abdominal section in all cases. He thinks the second ovary should be removed when it is not healthy, as the idea of a second operation is very depressing to a patient.

Dr. Montgomery knew of one instance of parovarian cyst which had been tapped and had refilled seven times. It was finally removed by him by peeling out the cyst, as on opening the abdomen he found the tumor universally adherent. Only one ligature was required, viz., on the stump of an enlarged ovary which bulged prominently into the cyst cavity.

Dr. J. G. Allen considered that as an ovary somewhat diseased may give rise to a pregnancy, it should be left. We know too little about the probability of the development of such small cysts into large ones. Until we have certain data on the subject it must be considered a case of want of information and knowledge.

Dr. Parish was in accord with Dr. Allen as to the want of knowledge. He has seen diseased ovaries containing numerous small cysts in many autopsies, and there had been no symptoms during life to excite a suspicion of their existence. The existence of minute cysts cannot be considered as proving any liability to the production of large ones. If the second ovary contained a cyst as large as a partridge's egg he would remove it, but if numerous cysts as small as split peas were present he would not. The possibility of conception should be considered as well as those of a cyst.

Dr. Goodell acknowledged the truth of the points made by Drs. Allen and Parish, and he believed that he had repeatedly removed the second ovary unnecessarily. Yet the history of his own ovariotomies shows a return of the disease in the remaining ovary in about two per cent., and he thought he erred on the safe and right side. The social conditions of the patient would always have a great weight with him. If an heir were wanted or the patient were young, he would leave a suspicious looking ovary, or try to remove the diseased portion of it. But in the majority of his cases, where there was any doubt, he removed the ovary. Of course, under such a rule, he must remove ovaries which might never give any trouble in the future. But the mental agony of women when informed that the operation must be performed a second time upon them; and on the other hand the great joy and satisfaction of patients when assured after the close of an operation that both ovaries had been removed, have determined him that other things being equal, it is better to remove the second ovary. As to the cure of parovarian cysts by tapping, his own experience is not sufficient yet to decide absolutely. He would advise the radical operation, but if the patient after understanding the liability of return, wished it, he would tap as there was but little danger from tapping such cysts. A patient was tapped by Dr. Atlee, some twenty years ago; five years afterwards the cysts filled and was tapped by Dr. Goodell. It then partly refilled and so remained for a long while; the fluid then was gradually absorbed and never returned. He has had beside this one two cases which he tapped, one five years ago, and the other three years ago, and there has been no return whatever of the fluid. On the other hand he has had two or three cases in which the cyst burst spontaneously several times and yet refilled invariably. The rupture was followed immediately by some collapse and pain, and later by an excessive secretion of urine with complete subsidence of the tumor. He had also heard of several cases of rupture but as far as he has learned the history of such cases, the cyst has always returned. The reports of the cure of ovarian cysts

by tapping and injection of tincture of iodine must be true only of parovarian cysts.

Dr. Harris knew of a case of parovarian cyst in which fourteen years had elapsed between the tapping and the subsequent refilling.

Dr. E. E. Montgomery read the following supplement to his paper on

BROMIDE OF ETHYL.

I read a paper on bromode of ethyl as an anæsthetic in labor before the April meeting of this Society. Although I did not attempt a history of the early administration of the drug, subsequent investigation has shown me that I did Dr. L. Turnbull injustice in mentioning that to him we are indebted for the revival of this agent and its first use in this country. In following the German literature, by which I was led to use this drug in labor, I ascribed its first obstetrical use to Lebert, of Paris. The first case in which he used it was for the application of forceps, and occurred in March, 1881, but a paper by Dr. Turnbull (*Med Bul.* June, 1880), shows that he had then used it in a second case of labor and spoke in high terms of its peculiar advantages. Dr. H. Augustus Wilson had used it in labor prior to August 7th, 1880, when he published an article upon this drug (*Med. and Surg. Rep.*, Aug. 7th, 1880). It becomes quiet evident that the first obstetrical trial of the agent was made in this city, and the priority lies between the gentlemen named. Various mixtures of the ethyl have been advocated in labor and minor surgical operations. Booth, of Ohio, (*Ther. Gaz.*, 1884–85, p. 159) recommends alcohol, two parts; chloroform and bromide of ethyl, each one part.

W. A. Byrd, Quincy, Ill., (*Ther. Gaz.*, March, 1884), has used bromine of ethyl, one part; chloroform, three parts; alcohol, four parts, in some ninety-eight cases without a single unpleasant symptom. It has not everywhere received the same condemnation that is shown by the hesitancy to use it in this city. In spite of the bad name given it by two deaths under its use and the apparently dangerous symptoms induced by experiments upon the lower animals, its use has been revived by Chisolm (Md. Med. Journ., 1882–3, ix, 388); and Prince (*St. Louis Med. and Surg. Journ.*, 1883, xiv, 297), who strongly urge its use in minor operations and preliminary to the administration of ether. The last named has reported five hundred cases in which it was used without a single unpleasant symptom.

A leading article in the *Ther. Gaz.*, June, 1885, advocates a re-distillation of a mixture of bromide of ethyl and olive oil as a valuable and safe anæsthetic in labor. These facts are referred to simply to induce the profession to give this anæsthetic a fair trial in ameliorating the terrible suffering of natural labor.

Dr. Montgomery exhibited a

UTERINE FIBROID POLYPUS.

Miss R., æt. 48 years, began to menstruate at 17 years. The flow was regular, quite free, lasting a week and was attended with pain the first three days. Ten years ago she had a hemorrhage and subsequently several such attacks. Two years later she had a severe hemorrhage followed by a bloody discharge continuing several months, since which time she has never been regular. The flow would occur too frequently, be very profuse, and attended with pain and loss of flesh. The symptoms were more marked during the last year. At one of the hospital clinics some years ago the difficulty was ascribed to anteversion of the womb. Dr. Bournonville examined her three weeks ago, diagnosticated the condition fibroid polypus, and referred the case to me for treatment. She was quite pale, lips bloodless, complained of pelvic pain and of a constant bloody discharge, which amounted to hemorrhage upon the slightest exertion. The vagina was dilated by a tumor the size of an orange, about whose pedicle could be felt the neck of the uterus. The finger passed into the os and about the tumor without difficulty. Every examination was followed by severe hemorrhage. The pedicle was cut through by means of the wire écraseur, and the tumor removed by means of a pair of polypus forceps.

Considerable hemorrhage followed its removal. As this was not controlled by applications of hot water, a tampon saturated with a solution of sulphate of iron was introduced. This was removed on the second day. On the fourth her temperature ran up to 103°. She had a chill and pains in various parts of the body. These symptoms vanished under the use of quinine, digitalis and opium. Five weeks after the operation she appeared much improved, has had no bleeding since, her appetite and strength are greatly increased; the uterus was normal in size; the cervix still dilatable and will admit the finger with pressure, the cervical membrane was in good condition.

The tumor was the size of an orange; the mucous membrane of the lower surface was ulcerated so that vessels were ruptured, allowing hemorrhage on any exertion.

The case is of interest from the long continuance of the hemorrhage, and illustrates the importance of early and careful examination of the cavity of the uterus in cases of protracted hemorrhage.

Dr. Goodell seldom uses the wire now for the removal of uterine polypi. He prefers traction with twisting or enucleation by the finger. There is less bleeding, and he is afraid of "cupping" of the fundus-uteri and its injury by being included in the wire loop. He had made traction with the obstetric forceps, and enucleated tumors so large as to rupture the perineum even after lateral incisions had been made in the labia. He has partially inverted the womb, enucleated the tumor and then restored the organ to its proper form. The tumor sometimes occludes the os and fetid pus from necrosis of the growth is imprisoned above it giving rise to a suspicion of cancer.

Dr. Baer thinks Monsel's solution may have caused the high temperature; vinegar would have been a better hemostatic, and it is also an antiseptic. From the appearance of the specimen a portion of the adventitious growth seems to have been left behind, and it would be interesting to know the history of the stump.

Dr. Parish has removed many fibroids of various sizes, and sometimes with degenerated tissues and noisome odors. The rapid recovery of Dr. Montgomery's patient was remarkable. It is much to be regretted when any portion of the tumor is left, as necrotic change is rapid and decided in such tissue, and there is danger of blood-poisoning. The pedicle, however, generally shrinks and disappears.

Dr. Goodell remarked that this tumor appeared to be sessile and had been wholly removed. The pedicle proper is usually simply mucous membrane without adventitious tissue, and it makes very little difference if some of it is left behind, as it shrivels away and is absorbed.

Dr. Allen sometimes regretted that he was compelled to leave a portion of pedicle or tumor in the uterus, but he has never seen any bad consequences follow it. He prefers vinegar to iron as a hemostatic, and considers it as good an antiseptic as carbolic acid.

Dr. Montgomery remarked that the wire evidently brought away all the tumor. There was no evidence of any remnant on examination to-day. In one case a portion of tumor or pedicle was invariably left and he removed it some time afterwards by means of a tenaculum He wounded his finger in doing so, and suffered from septicæmia. The woman had an attack of cellulitis.

Bismarck and his Physician.—It is certain that Bismark's physician, through a charlatan, is no fool. It is related that when first presented the Prince was sick. and peevishly declined to answear questions. "As you like," said doctor, "then send for a veterinary surgeon, as such practitioners treat their patients without asking them any questions." The Chancellor was captured.—*Med. Record.*

The Cholera Epidemic in Spain is subsiding quite rapidly, but the people of the unfortunate districts where it prevailed are left in a sad and deplorable condition. Homes have been broken up, loved ones have been taken away and the land is in mourning and solitude. Such visitations should teach their lessons, and should warn other communities to provide beforehand for such calamities. From March the 4th to August 5th, 1885, no less than 43,551 deaths occurred in Spain from the disease.

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BALTIMORE, OCTOBER 3, 1885.

Editorial.

SUGGESTIONS APPROPRIATE TO THE SEASON.—The present week records the opening exercises of the various medical schools throughout this country, and in many other civilized lands. It is eminently a week of inaugural work in medicine. The beginning of a career in life is an event of more than ordinary importance to every individual, no matter whether that career be aptly chosen or indifferently considered. To the young man who has chosen the profession of medicine it should be an event of serious and earnest concern. In this country the choice of an occupation is so carelessly made by many young men that fatal blunders are of constant occurrence, and many useful lives are early wrecked by the unwise decision to enter upon a work for which the individual is incapacitated by taste, inclination or previous training. In no career do we witness more of these fatal blunders than in our own profession. Each year the medical schools of our country are entered by large numbers of young men who have but a poor conception of the character of the work upon which they have willed to engage and who have no intellectual or moral fitness for the duties they seek to perform. The ranks of the medical profession are yearly crowded with men whose prospects for success may be prejudged in advance as far down in the scales, whether the standard of success be measured by rank or fame, or that material welfare which the world calls independence. But whatever be the motives which impel so many young men to enter upon a medical career the fact remains that the already crowded ranks continue to invite new recruits, and the army of physicians is annually expanded by increasing numbers. A careful inquiry presents a number of reasons for the overcrowded condition of the profession in this country. It cannot be denied that the study and practice of medicine are inviting pursuits to many men. The profession of medicine has always occupied a high social position in this country, which, apart from the opportunities it offers for the cultivation of man's intellectual attainments and the exercise of a strong individuality, is a strong motive for ambitious minds. The study and practice of medicine bring men in intimate contact with human nature no less than with the structure and functions of the human body, and there is associated with these several subjects a charm and fascination which will ever entice a large number of devotees. In the apparent mystery which veils from the outside world the knowledge of our science, there exists a strong attraction to the uninitiated mind of youth to enter behind the curtain and behold the scene. When the veil is once removed the charm not infrequently subsides and the misguided youth encounters his mistake. But apart from the fascination which the study of medicine offers to youth many are beguiled into the profession by varied and indefinable influences and motives. The ambition for position, for honor, for wealth, for knowledge, are motives with many, whilst a love for scientific pursuits, a desire to exercise a useful and unselfish avocation impel the few. It cannot be said that the practice of medicine is the easiest road to fame or to wealth, nor can it be claimed that its exacting duties are always of the most agreeable character to perform. The profession is now laboring under the depressing influence of sharp competition. It does not hold out engaging prospects to any but the favored few who are will-

ing to spend and be spent in its service.

We are, however, not disposed to take a more unfavorable view of medicine than of any other calling. There is still room in the profession for all those who adopt it with high and earnest motives, and who have the ability to wait and work for its results and rewards. The difficulties which encounter the practitioner of to-day are of a character which can be overcome by earnestness, industry, patience, high character and a special fitness for the duties undertaken. There is an abundance of room at the top, but the way of ascent is steep and difficult. The profession is overcrowded only with inferior talent and common-place fitness. Those who have the industry, patience and genius to rise above the ordinary level may feel assured of a final success. The hard pressure is at the bottom, and it applied with greatest force upon those who are just entering upon a professional career. It is the young and inexperienced physician who most feels the effects of overcrowding, and it is during this early struggle that discouragement and trials press down the vast majority of those who start out in the professional race. Hence it follows that out of the large classes each year graduated from our schools so few, comparatively speaking, hold out to achieve a success.

These are facts which the medical student should consider, and which parents and physicians should estimate when young men are encouraged to study medicine. Has the student an aptitude or special fitness for professional work? Are his habits of study and his moral character in accord with those required of a successful practitioner? Has he the intellectual ability and the previous training to win success in scientific work? And, lastly, has he the means, the patience, the industry and the courage to win success by slow and patient labor? If the medical student has not had these thoughts presented to him he should begin at once a self-examination. He should be fully apprised of all the requirements necessary to success in medicine, otherwise success will most surely fail to follow.

We think that the medical profession is to a large extent responsible for its crowded condition. There are few medical students who do not have preceptors, and still fewer who do not first advise with a physician before entering upon the study of medicine. If these young men were properly advised at this time but few of them would make mistakes. Every physician should exercise proper caution in advising young men to enter the profession. The status of the young man should first be measured, and then the status of the profession he proposes to enter should be explained to him. He should be discouraged, rather than encouraged, from studying medicine unless he is well-equipped in every respect for professional work, and endowed with moral and intellectual gifts which will bring success.

If these various facts were considered by the medical profession its ranks would not be crowded with incompetent or unnecessary men. The reformation in our system of medical education must commence with the profession. The evil is fostered by the profession itself, and it will not be corrected until the profession fully recognizes its responsibilities and duties in the matter. We cannot blame inexperienced and ill-advised youth from rushing into a professional career. Youth is fascinated with the show of appearance; it takes a superficial view of life, and its judgment is colored by the tinted hues of ambition. This would not be the case were all the facts known and fully explained. Whilst the profession is complaining of its overcrowded condition and calling for more rigid laws to control admission into its ranks, it is a serious fact that it is the great recruiting body which is swelling its own ranks with incompetent and unnecessary men. Apply the axe to the root of the tree and the tree will lose its vitality.

WILLARD PARKER ON CANCER.—Dr. Willard Parker closed his long and useful career by collecting and arranging the records of his cases of mammary cancer, amounting to 397 in all. From these records he deduces various conclu-

sions, which are interesting and in some particulars novel. In regard to the genesis of cancer, he says: "Every organ or part of the system derives from the blood and assimilates the elements which are necessary to its own existence and growth. * * * Under ordinary circumstances these assimilations go on without deviation from their normal types. But in consequence of certain influences which have a tendency to prevent the relations between proliferating cells and the terminal nerves, it seems that those cells may assume an abnormal condition; in other words, that they pass into cancer cell proliferation. * * * We may, therefore, regard the formation of cancer cells as a process of mal-assimilation."

The views of Dr. Parker on the etiology of cancer will perhaps attract more attention than any other portion of his work, and they deserve thoughtful consideration. He believes cancer to be primarily a local affection, but usually selecting some traumatism as an exciting cause, whilst the predisposition to the disease is to be found in various habits of life of the individual. Carcinoma is markedly less frequent amongst barbarous folks than amongst civilized, hence he infers that the causes are to be looked for in the habits of civilized communities, which are not common to the barbarous and semi-civilized. The disease is most frequent among peoples and individuals who live luxuriously and eat much animal or highly-seasoned food, and who are troubled with mal-assimilation. Another predisposing cause upon which he lays much stress is mental anxiety, reverses, sorrow and disappointment; but it does not seem to us that this point is especially well taken, for but few persons live to middle life without passing through anxiety of some kind, and but of a small proportion of those who are evenmuch depressed are afflicted with cancer.

Dr. Parker disposes with the hereditary nature of cancer by saying that if such were the case it ought to appear earlier in those having a hereditary history which does not appear to be the case. Uterine disease and menstrual derangements are awarded a prominent position in the etiology of the disease; but where such a large proportion of women are the subject of some form of uterine disorder, it is scarcely possible for cancer not to attack many of these. Almost as well might malaria or small-pox be said to have an etiological relation to uterine disease, when affecting women with these disorders. Besides, the author is rather hasty in his generalizations, for instance: case 342; 33 years of age; married several years, with two children; no menstrual irregularities or uterine disease is recorded, yet Dr. Parker says such must have been the case or she would have had more children. How does he know that the husband was not at fault and not the woman? He considers mammary carcinoma to be almost always caused by some traumatism, either a blow or a cicatrix following an abscess or the pressure of the corsets.

The chief etiological factors then in the production of cancer, are, 1st. Luxurious living and excess in animal food. 2d. Local irritation, pressure, abscess, blow. 3d. Mental affliction. 4th. Dysmenorrhœa and other uterine irregularities. In regard to the treatment he says: "Cancer is to a great degree one of the final results of a long continued course of error in diet, and a strict dietetic regimen is therefore a chief factor in the treatment, preventive and curative." Avoid unnecessary luxury in mode of life. Especially abstain from eating food rich in nitrogen. Urge your patients to take sufficient exercise, to wash frequently and to avoid all articles of dress that would induce injurious pressure. Cultivate cheerfulness, and regulate the various functions, especially menstruation. In regard to operative measures, he says: Let us remove the tumor thoroughly, but after this has been done, is this sufficient? No! We must change the diathesis, and modify the patient's constitution so that it will be no longer prone to reproduce the disease. He is positive in the statement that a vegetable or blood diet does materially check the progress of a cancer which has developed, but whether it is possible to prevent its development by this means he cannot say.

SIXTH VOLUME OF THE INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE.—We again have the pleasure of acknowledging our indebtedness to the War Department of our Government for another volume of the Index-Catalogue of the Library of the Surgeon-General's Office. This volume begins with the word "Heastie" and ends with "Insfeldt." It contains no less than 1051 double-column pages, including 7900 author titles, which represent 2,543 volumes and 7,250 pamphlets. It also includes 14,590 subject-titles of separate books and pamphlets, and 35,290 titles of articles in periodicals. Some idea may be formed of the immense labor involved in the preparation of this work and of the immense value of the Library of the Surgeon-General's Office by the following facts:

Up to the present time six volumns of the Index-Catalogue are in print. These volumes contain under the head of author-titles a total of 58,886 titles, 33,265 volumes and 47,325 pamphlets. Under the head of subject-titles there are 64,442 book titles and 219,154 journal articles. The work, as yet, is not one-third finished. This vast mine of literary and scientific wealth has been accumulated by the enlightened liberality and enterprise of our Government, and it has been fostered and promoted by the great zeal and industry of Dr. J. S. Billings, of the Army, who, for some years past, has been assigned to this work.

Dr. Billings has shown an eminent fitness for this work. It is to be hoped that no other duties may be imposed upon him and that he may live to see the completion of his great undertaking, which promises to be not only a monument to the munificence of the Government but a noble tablet commemorative of his vast efforts in its behalf. It is a monument likely to endure as long as the vast marble pile, which is now being prepared for its safe preservation, exists.

Dr. William Goodell, of Philadelphia, was recently elected an honorary member of the British Gynecological Society.

BOOKS AND PAMPHLETS RECEIVED.

Index-Catalogue of the Surgeon-General's Office, United States Army. Authors and Subjects, Vol. VI. Heastie-Insfeldt. Washington, Government Printing Office. 1885.

Lectures on the Diagnosis of Diseases of the Brain, Delivered at University College Hospital. By W. R. GOWERS, M. D., F. R. C. P., Asst. Professor of Clinical Medicine in University College, London, etc. Philadelphia: P. Blackiston, Son & Co. 1885. Pp. 237. Price, $2. 0. For sale by Cushing & Bailey, Baltimore.

History of the Discovery of the Circulation of the Blood. By HENRY C. CHAPMAN, Prof. of Institutes of Medicine and Medical Jurisprudence, in Jefferson Medical College. Philadelphia: P. Blackiston, Son & Co. Pp. 56.

A Treatise on Epidemic Cholera and Allied Diseases. By A. B. PALMER, M. D., LL.D., Professor of Pathology, Practice of Medicine and Clinical Medicine in the College of Medicine and Surgery in the University of Michigan, etc. Ann Arbor, Mich.: Register Publishing House. 1885. Pp. 222.

The Management of Labor and of the Lying-in Period. A Guide for the Young Practitioner. By H. G. LANDIS. A. M., M. D., Professor of Obstetrics and Diseases of Women in Starling Medical College, etc. Philadelphia: Lea Brothers & Co. 1885. Pp, 329. Cushings Bailey, Baltimore.

Six Lectures upon School Hygiene, Delivered under the Auspices of the Massachusetts Emergency and Hygiene Association to Teachers in the Public Schools. Boston: Published by Ginn & Company. 1885. Pp. 193.

The Technology of Bacteria Investigation; Explicit Directions for the Study of Bacteria, the Culture, Staining, Mounting, etc , Accordiny to the Methods Employed by the most Eminent Investigators. By CHARLES S. DOLLEY, M. D. Boston: S. E. Cassino & Co. 1885. Pp. 263. Price, $2.00. Cushings & Bailey, Baltimore.

A Complete Pronouncing Medical Dictionary; Embracing the Terminology of Medicine and the Kindred Diseases, with their Signification, Etymology and Pronunciation, with an Appendix, Comprising an Explanation of the Latin Terms and Phrases occurring in Medicine, Anatomy, Pharmacy, etc. By JOSEPH THOMAS, M. D., LL.D., Author of the System of Pronunciation in Lippincott's "Pronouncing Gazetteer of the World," and "Pronouncing Dictionary of Biography and Mythology," on the Basis of Thomas' Comprehensive Pronouncing Medical Dictionary. Philadelphia: J. B. Lippincott Company. 1885. Pp. 802. Cushings & Bailey, Baltimore.

A Treatise on Nervous Diseases; their Symptoms ane Treatment. A Text-book for Students and Practitioners. By SAMUEL G. WEBBER. M. D., Clinical Instructor in Nervous Diseases Harvard Medical School, etc. New York: D. Appleton & Co. 1885. Pp. 410. Cushing & Bailey, Baltimore.

The Use of the Microscope in Clinical and Pathological Examinations. By CARL FRIEDLÆNDER, Pricat-Docent in Pathological Anatomy at Berlin. Second Edition Revised and Enlarged. Translated by Henry C. Coe, M. D., M. R. C. S., L. R. C. P., (London) Pathologist to the Woman's Hospital in the State of New York. New York: D. Appleton & Co. 1885. Pp. 187,

Miscellany.

A Method of Detecting Lacerations of the Cervix-Uteri Post Partum.—Dr. John Bartlett, in a paper read before the Chicago Medical Society, Aug. 3, 1885, says: "My object in addressing the Society this evening is to suggest a way and a time in which laceration of the cervix-uteri may be easily and certainly detected soon after its occurrence. Directly after delivery, if the fingers be introduced deeply into the vagina up to the contracted os uteri internum, and then carried in any direction a little outwardly, the flabby and floating ring formed by the non-contractile cervix may be felt, as Guillemeau described it, three hundred years ago, "like a section of large intestine." By carefully following the entire circumference of this ring, an existing rent may be discovered. But this examination is attended with some difficulties. The patient is exhausted with her labor, and fatigued with our attentions, and just now, since "it is all over," longing for rest. She is impatient of, and perturbed by, this post-factum inquiry. Her state of mind, and possible expression of complaint, are apt to render an examination, which the physician cannot regard as absolutely necessary, less exact and thorough than it would be otherwise. And then, the soft and floating margins of the cervix-uteri have often somewhat of an intangible feel, if I may so express myself, gliding past the fingers like a detached clot of blood, and occasionally, in some portion of the circumference, passing out of satisfactory reach.

On these accounts it is not surprising to hear an obstetrician say that he cannot tell whether the post partum cervix is lacerated or not. Now, I desire to teach those who may not be familiar with the short lesson that I propose to impart this evening, how to discover a cervical laceration after labor. The error of accoucheurs who fail to recognize such a condition is that they do not make their observation of the suspected cervix at the proper time. The examine the neck actually as we have just done mentally—after the clearance of the uterus. The favorable moment for the examination—and this is the gist of my remarks—is just as the placenta is beginning to occupy and distend the cervix. The collar of flesh is then not floating and uncertain, bnt on the stretch, expanded, forming a distinct ring easily followed in its entire circumference. At this moment, then, just as the cervical tube is being rendered tense by the placental mass, any laceration in it may be detected with ease and certainty."

Belladonna as a Means of Producing Toleration of Iodide of Potassium.—From observation of the fact that belladonna produces dryness of the throat, mouth, and nose, Dr. P. Aubert got the idea of employing empirically this agent, in order to combat certain disagreeable effects of iodide of potassium.

In three well-marked cases of naso-pharyngeal intolerance, the administration of belladonna with the iodide gave good results. The same success was obtained in the case of a young man suffering from acute iodism, the symptoms disappearing by preceding the ingestion of the iodide with extract of belladonna. In this case, the dose of belladonna was a pill containing 5 centigrammes given twice a day, night and morning.

In one of these cases, after the belladonna had been continued for several days, it was suspended, and the iodide was still employed without a supervention of the intolerance.—*Jour. de Méd. et de Chirugie*, May, 1885.—*Jour. Cut. and Ven. Dis.*

Urethritis in the Male and Cystic Formations of the Prepuce.—Referring to the exposition of M. A. Guerin, on the formations to which he has given the name of "conduits glanduleux," and which are frequently met with outside the female urethra, although in its immediate neighborhood, Prof. Oedmasson, of Stockholm, announces that he has encountered lesions of this nature in man. He has met with ten cases. In three of these cases these ducts presented themselves upon both sides of the urethra, in the remaining seven only on one side.

Ordinarily, they open in the neighborhood of the posterior commissure of the urethra, on the edge even of the lips of the orifice, sometimes more anteriorly, or a little more on the outside of this border. They are situated in the tissues of the urethra, which, when the ducts are inflamed, presents sometimes a considerable infiltration. They are generally quite narrow, but they may be a centimetre in length. In eight cases the gonorrhœal inflammation from which the patients suffered, extended to the duct.

Besides these ducts of the urethra, there sometimes exist others in which the gonorrhœa may localize itself. These are situated between two layers of the prepuce, they open ordinarily upon its interior surface at the attachment of the frænum or immediately above, and they extend in the form of minute subcutaneous cords to the limb of the prepuce or beyond. M. Oedmasson has observed six such cases. One of them was differentiated from the others, by the fact of the duct opening upon the limb of the prepuce in its middle horizontal line. Another also presented this difference that the duct passed between the two layers of the prepuce and terminated in the glans. The ducts had a length of one to three centimetres, and of sufficient capacity to admit the easy introduction of a moderately sized sound. In five of these cases, the author observed with the urethritis a discharge from the duct, which ordinarily came on a few days after the urethral discharge, in one case not until the fifth week after. In the sixth case, there was no urethritis, but only a discharge from the duct, which showed itself several days after a suspicious coitus. It could not be considered certain that this patient had gonorrhœa, but in an analogous case observed by Dr. Wilander, after the discovery of the gonococcus, the presence of a number of these bodies was demonstrated in the secretion of the small duct.

These ducts have the appearance of ordinary lymphatic cords, and the author considers it probable that a lymphatic vessel, engorged from some cause or another, had been occluded and had broken an issue through the skin. He gives, as proof of this hypothesis, that at the very point where these ducts are located, there are frequently found small lymphatic cysts, of the size of a pea or of a bean and of a slightly variable form which have generally existed since infancy. The author has demonstrated the presence of these cysts in seven cases, and, in two of them, there existed simultaneously glandular ducts from the urethra.

In the treatment of these different species of ducts in both sexes, the author introduces, when they are not too small, a fine sound covered with a small amount of absorbent cotton dipped in a solution of nitrite of silver, of sublimate, or of tincture of iodine.—*E. Oedmasson, Nordist Medicinskt Arkiv*, May, 1885. —*Jl. Cut. and Ven. Dis.*

A Remedy for Gout.—The solution of the biniodide of mercury in potassic iodide, known as the Edinburgh mixture, is of great service in the treatment of gout. Dr. C. R. Illingworth (*Brit. Med. Journ.*, May 30, 1885) prescribes as follows:

Sol. hydrarg. bichlorid. (B. P.),	℥vi.
Potass. iodin.,	℥ss.
Inf. quassia ad.,	℥vi.

M. S.—Teaspoonful every three hours.

If there is much pain he adds 2-minim doses of the solution of morphine or 5-grain doses of chloral and bromide of potassium with simple syrup. Of course when congestion or actual inflammation of the kidney or other internal organs exists this prescription should not be used. —*Ther. Gaz.*

Medical Items.

The remains of Dr. Thuillier, member of the French Cholera Commission to Egypt, where he fell a victim to the disease in 1883, have been brought to France at the expense of the State, and on arriving at Marseilles they were immediately conveyed to Amiens for interment. On the day of the funeral the public monument raised to the memory of the lamented deceased, will be officially inaugurated.

The Virginia Medical Society was in session at Alleghany Springs two weeks ago; nearly 200 physicians being in attendance. The following officers for the ensuing year were chosen: Dr. Rawley W. Martin, of Chatham, president; Dr. Apperson, of Town House, first vice-president; Dr. T. B. Greer, of Rocky Mount, second vice-president; Dr. H. M. D. Martin, of Fredericksburg, third vice-president; Dr. Styll, of Richmond, treasurer; Dr. L. B. Edwards, of Richmond, recording secretary; Dr. J. F. Winn, of Richmond, corresponding secretary. Dr. Hugh T. Nelson, of Charlottesville, was appointed orator for next year. Dr. F. T. Moore, of Richmond, was elected as examiner at large, and Dr. Hugh Taylor, of Richmond, as examiner for the third district to fill vacancies. Fredericksburg was chosen, on invitation of the local profession, as the place for the next meeting.

Dr. Jas. D. Pitts, of Tangier Island, Va., who was sentenced to the penitentiary for a term of eighteen years for the murder of Dr. Thomas L. Walter, about one year ago, has been granted a new trial, and received a new sentence which reduces his time to five years in the State Prison.

Dr. George W. Fish, United States Consul at Tunis from 1878 to 1882, died at his home, in Flint, Mich., on September 20, aged sixty-nine years.

The University of Vienna.—During the summer quarter, just passed, there were 5,124 students at the University of Vienna, 2,310 of which were students of medicine.

The Chair of Anatomy in the University of Vermont has, it is reported, been offered to Dr. John B. Deavor, Demonstrator of Anatomy in the University of Pennsylvania.

The *N. Y. Med. Record* says: Druggists average from $5 to $15 per month from each moderately large family in New York city.

We are pleased to see that President Cleveland has refused to accept the resignation of Surgeon-General Hamilton of the Marine Hospital Service. Dr. Hamilton has made a thoroughly good officer, and no cause could be assigned for his removal except his political opinions, which certainly have not affected his usefulness as an officer.

It is stated by the *Medical Record* that a club of 4,800 members in Berlin, recently advertised for six medical officers to attend them at a salary of $375 per annum. This would make the contribution from each member of the club about 75 cents a year for medical attendance. More than 400 doctors applied for the places.

Dr. Wm. A. Guy, of London, a well-known and highly esteemed English physician, is dead at the age of 75 years.

The story comes from the West of a man so tenacious of lucre that when he swallowed a five-dollar gold piece the stomach-pump could only bring up $4.50. —*Boston Med. and Surg. Journ.*

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department U. S. Army, from Sept. 22, 1885, to Sept. 28, 1885.

PROMOTIONS.

Lt. Col. T. A. McParlin, Asst. Medical Purveyor, to be Surgeon with rank of Colonel. To date from Sept. 16, 1885.

Maj. B. J. D. Irwin, Surgeon, to be Asst. Medical Purveyor with rank of Lt. Colonel. To date from September 16, 1885.

Capt. B. F. Pope, Asst. Surgeon, to be Surgeon with rank of Major. To date from September 16, 1885.

APPOINTMENT.

Edward A. Morris, to be Asst. Surgeon with rank of 1st Lieut. To date from September 17, 8885.

Capt. G. W. Adair, Asst. Surgeon. Granted leave of absence for one month, with permission to apply for one month's extension.

1st Lt. Geo. E. Bushnell, Asst. Surgeon. Ordered from Dept. Dakota to Dept. East.

Official List of Changes in the Medical Corps. of the U. S. Navy, during the week ending September 26, 1885.

Dungan, J. S.: Medical Director. Waiting orders.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the week ending Sept. 26, 1885.

Austin, H. W., Surgeon. To proceed to Burlington, Vermont, on special duty. Sept. 23, 1885.

Original Article.

ON TWO RARE CASES IN ABDOMINAL SURGERY.*

BY WM. T. HOWARD, M.D., OF BALTIMORE,

Professor of Diseases of Women and Children in the University of Maryland; President of the American Gynecological Society, etc.

The President's Address delivered before the American Gynecological Society on Wednesday, Sept. 23, 1885.

(*Continued from page* 449).

Mr. Lawson Tait states that his book on *Diseases of the Ovaries* includes all the conditions which simulate ovarian tumors that have occurred in his practice; and I find no account of tubercular peritonitic cysts, simulating ovarian cysts, among them.

But Dr. Atlee has reported‡ three cases of tubercular peritonitis which produced conditions similar to those characteristic of unilocular ovarian cysts, aged 10, 29 and 49 years. All were fatal, and not one seems to have been correctly diagnosticated before death. All were tapped, and in all the fluid, in that respect like ovarian fluid, "firmly coagulated by heat," but not, as in my case, rapidly on exposure to the atmosphere.

In journalistic literature I have met with only two cases. Maggie C., black, aged 12 years, reported§ by our distinguished Fellow, Dr. Samuel C. Busey, "as a case of tuberculosis of the peritoneum, with the formation of a sac simulating an ovarian cyst." The author says:

"During the examination at the time of admission the possibility of the presence of an ovarian cyst was considered, but was excluded by the facts elicited at the time. A few days observation and examination of the pulse-rate and temperature chart confirmed the diagnosis of tubercular peritonitis. The probability of the formation of a cyst in cases of tubercular peritonitis simulating ovarian dropsy is very remote. I have not examined the literature of the subject, and can only refer to the one case observed by Kanlich."

The other case has been accurately reported by Prof. William Gardner, M.D., of Montreal.‖ This was an unmarried, domestic servant, æt. 23, who admitted a pregnancy, terminating at six or seven months a year and a half previous. The abdominal enlargement had only been noticed three or four months previous. Her general health had declined, and she was emaciated.

"*Examination.*—Well-marked fluctuation over the whole of the anterior and antero-lateral aspects of the abdomen. Dulness on percussion over the same area. In the lumbar region (flanks) and epigastrium the bowel not present. No firm or solid part to be felt anywhere. The anterior aspect of the abdomen quite uniform. The uterus, measuring two inches, pressed upwards and forwards, lay immediately behind the pubes. The patient was admitted to the Montreal General Hospital and kept under observation for a few days, when it was found that she had fever of septic type, the temperature at times running very high, with profuse sweating and occasional attacks of vomiting. During this interval she was seen by Drs. Fenwick, Ross, Raddick, Shepherd and J. C. Cameron, who concurred in my diagnosis of suppurating ovarian cyst. Another symptom, red blush and œdema of the central anterior part of the abdominal wall, seemed to support the view. *Operation.*—The ordinary incision for ovariotomy was made, but on reaching the peritoneum no separation of parietal from visceral layer could be made; the knife entered the collection of fluid, passing through what seemed to be a thickened, closely-adherent cyst wall."

Drainage was practised in this case, and irrigations of carbolized water, then corrosive sublimate solutions, and finally solutions of iodine, were used. But death occurred from exhaustion six weeks after the operation. The *autopsy* revealed the anterior peritoneal cavity converted into a suppurating cyst, extending from the liver into the true pelvis, which was nearly filled by the mass, and which consisted of all the intestines, except the transverse colon, closely matted together by recent adhesions, and studded with miliary tubercles. The lungs were universally adherent and studded with gray granulations. Prof. Gardner states that a similar case occurred, some years ago, in the practice of his colleague, Dr. Fenwick, in which the same error of diagnosis was made by all who saw it, and that the patient died some months after operation.

I have endeavored to present a fair

*This address is not published in full as delivered, but has been condensed into as small a compass as the matter would admit. Professor Howard has presented his facts with such condensation that to cut short his remarks to any marked extent would mar the great value of his address.—EDS.

‡ Op. Cit., pp. 72, 73 and 78.

§ *Gaillard's Med. Journ.*, May, 1880.

‖ *Canada Med. and Surg. Journ.*, June, 1885.

statement of the meagre literature of this subject, as I have found it. It can scarcely be said that a correct diagnosis was made in any of the eight cases previous to death. For if, at first, Sir Spencer Wells made a correct diagnosis of a sub-acute form of tubercular peritonitis, he subsequently doubted its accuracy, and inclined to believe that he had in hand a thin non-unilocular ovarian cyst, and operated for it. Dr. Busey certainly, in his case, made a correct diagnosis of the tubercular process invading the peritoneum and the lungs, and excluded the presence of an ovarian cyst; indeed, he even believed "that the walls of the sac or abscess were formed in front by the parietal peritoneum and posteriorly by the agglutinated intestines;" still, from his stating that the formation of a cyst in tubercular peritonitis, simulating ovarian dropsy, is very remote, and his reference to the one case observed by Kanlich, in which there was a partial sacculation of fluid presenting a similarity to an ovarian cyst, I infer that Dr. Busey did not recognize before death that the sac was caused by tuberculosis of the peritoneum. It does not appear that Dr. Atlee recognized the true character of any one of his three cases before death; and Drs. Gardner and Fenwick completely failed in the diagnosis of their cases. As for my own case, if I did not make a mistake in diagnosis, it was only because I made no diagnosis at all; for it is certain that I did not even suspect its true character.

The cases adduced are too few to formulate any absolute rules for guidance in diagnosis; still, if they are scanned a little closely, they furnish some lessons not wholly destitute of clinical value.

1. As regards *age*. Of seven cases in which this was noted, the ages were 10, 12, 22, 23, 24, 29 and 49 years. So that all were under 30, except one, and of the six others, all but one were under 25 years. And this is in accordance with the etiology of tubercular peritonitis when unaccompanied by the formation of cysts that simulate ovarian, or other forms of abdominal cysts. Thus, Loomis says:* "Tubercular peritonitis is met with most frequently in early life; and Bauer says:† "In the later periods of life tubercular peritonitis rarely occurs." It is clear, then, that *age* is an important element of diagnosis in the cases in question.

2. *Rate of growth.* In all the cases under consideration, as far as can be ascertained, this was rapid, and varied from six weeks to eight months; indeed, only one seems to have reached the latter limit. In Dr. Atlee's cases, from the beginning until they presented the characteristics of an ovarian cyst, in one case less than three months had elapsed, in another about six weeks, and in the third only a short time, as the patient had been suffering from acute pain in the abdomen, followed by sudden enlargement from an accumulation of fluid. In my case, only three and a half months had passed, and in Prof. Gardner's three or four, when they offered the conditions pertaining to unilocular ovarian cysts. Certainly, then, rapidity of development specially characterizes the formation of tubercular peritonitic cysts.

3. As tubercular peritonitis is only in very rare instances a local affection, we should look for the evidences of the tuberculous process in other parts of the body, and especially note the temperature variations, which were markedly emphasized in Dr. Busey's and Dr. Gardner's cases.

4. And lastly. Professor Gardner noticed "*red blush and œdema of the central anterior part of the abdominal wall*" in his case, and says that it seemed to support his diagnosis of suppurating ovarian cyst. Dr. Loomis, on the other hand, states that redness and œdema about the umbilicus are regarded as characteristic of tubercular peritonitis." And Bauer, also, says:

> "Amongst the changes in the abdominal parietes which may be observed, considerable stress has been repeatedly laid on the *inflammatory redness and œdema which is sometimes developed in the neighborhood of the umbilicus* in the course of tuberculosis of the peritoneum. Vallin has particularly urged the importance of this symptom in peritoneal tuberculosis."

And in a remarkable paper "On Suppurating Ovarian Cysts," by Dr. Thomas

*Pratical Medicine, p. 325.

†*Op. Cit.*, p. 325.

Keith,‡ I find no mention of the symptom in question in any of his cases, although full histories are given of seven acute cases of the ten on which he operated.

The important question now arises—*When a correct diagnosis is made of tubercular peritonitic cysts, that simulate ovarian cysts*, how are they to be treated? Sir Spencer Wells' case was twiced tapped, then was incised as in ovariotomy, and recovered. Dr. Atlee tapped all of his three cases, and all died. Drs. Gardner and Fenwick operated on their cases as in ovariotomy, and both died; and I aspirated my case with a fatal result. Thus, of six cases treated by operative interference, five died: a deplorable exhibition! Hence, it may well be asked, would not a rational therapeutical and hygienical management promise better results? Dr. Busey's case was under care from August 8, 1879, till November 5, succeeding. It was regarded as hopeless from the date of admission; and yet under his skilful treatment, which consisted in rest, a nutritious and easily digested diet, tonics, cod liver oil, the syrup of iodide of iron, and iodide of potassium, a marked diuresis ensued, which relieved the distension from fluid accumulation in the abdominal cavity. And Dr. McCall Anderson, Professor of Clinical Medicine in the University of Glasgow, has published three cases illustrative of the curability of tubercular peritonitis, the diagnosis of which seems to have been justified by their clinical histories.

"1ST CASE.—Helen G——, æt. 10 years, was admitted into the Hospital complaining of swelling of the abdomen of three months, duration, and occasional pains in the epigastrium. Has never had much cough; temperature is usually from 99° to 100°, pulse 104, and respiration 36; tongue slightly furred, appetite fair, bowels loose; there is evidently free fluid in the peritoneal cavity in considerable quantity; the circumference at the umbilicus is 26 inches. Heart and kidneys healthy, and there is no evidence of liver disease or of portal obstruction The fluid in the peritoneal sac evidently results from peritonitis of a tubercular nature, for these reasons: 1st. The girl's brother died of decline of the bowels. 2nd. She is only ten years of age—a time of life when tubercle of the peritoneum is common. 3rd. She has a slight dry cough, dulness on percussion at the left apex, and, in the same situation, wavy respiration, with a snoring rale. Under a careful regulation of the diet and bowels, and anti-tuberculous treatment (cod liver oil and syrup of iodide of iron), towards the end of the month not a trace of fluid could be discovered in the peritoneal cavity, all pain had disappeared. and she was dismissed well, excepting slight dulness at the apex of the left lung."

"2ND CASE.—A lad, æt, 12 years, had a most violent attack of tubercular peritonitis; family strongly scrofulous; father is dying of strumous cervical adenitis; his mother has phthisis, and, also, two of his brothers; and a brother died of tubercular disease of the bowels. The lad's disease began with pain in the hypogastric region, attended by high fever, great emaciation, diarrhœa, vomiting, but without serous effusion in the peritoneal cavity. During his illness of five weeks, an abscess formed in the neck, and discharged about a cupful of pus. His case appeared nearly hopeless. But he was assiduously nursed, fed, and stimulated; iced cloths were applied to the abdomen for half an hour every second hour; and opium was given in full doses (a quarter to a half grain every four hours), with a grain of quinine in each dose. At the date of report, he was sitting up in his arm chair, cheerful and well, although weak and thin.

"3RD CASE.—This was a little girl, with symptoms very similar to those of the first patient, with fluid in the peritoneal cavity and consolidation of one apex. She was treated with cod liver oil and syrup of iodide, and a large quantity of fluid was twice removed by tapping.* She made a perfect recovery."

Prof. Anderson says to his students in regard to cases of tubercular peritonitis: "I would have you enter upon their treatment with a hope that your efforts may be crowned with success, *especially when the inflammation is accompanied by fluid effusion.*" And this is all the more encouraging when we consider the language of Prof. Alfred Loomis, of New York City, in respect of chronic pulmonary phthisis: "Recovery has occurred in one-sixth of my recorded cases during the past ten years." Let all this be well pondered before the restless surgery of our day, always impatient to try its hand, essays operative interference in tubercular peritonitic cysts.

Prof. Howard next proceeded to relate the following case:

CASE II.—Frances R——, æt. 24, was admitted to the Hospital for the Women of Maryland, July 10, 1883. She seem-

‡*Edinburgh Med. Journ.*, Feb., 1875. This great surgeon says: "Of the ten more or less acute cases operated on, eight recovered, while the two chronic cases got well easily." I do not know that any one has equalled this wonderful success in the removal of suppurating ovarian cysts.

**Op. Cit.*, p. 197.

ed to belong to the white race, from her fair, white skin, long, straight, auburn hair, and somewhat ruddy cheeks. But it was subsequently ascertained that she claimed to be of the colored race. She had been married one year, and had never been pregnant. Her general health was good, bowels regular, appetite excellent, uterine functions normal, and there was no evidence of cardiac or renal trouble. She complained only of the immense weight she had to carry, and from which she desired to be freed.

The abdomen measured: From ensiform cartilage to umbilicus, 10½ inches; from umbilicus to r. a. s. spinous process of ilium, 12 inches; from umbilicus to l. a. s. spinous process of ilium, 12½ inches; circumference at umbilicus, 46½ inches; circumference below umbilicus, 47 inches.

Examined per vaginam, the uterus seemed to be pressed by a large sac containing fluid, and the sound entered 2½ inches. Over the abdomen everywhere there were developed the typical signs of a large unilocular sac. The woman stated that she commenced enlarging between seven and eight years before, and that the increase of size had been very gradual, and free from notable pain or uneasiness, save what seemed due to a sense of weight, fulness, and distension. Now, what was it?

1. Was it *ascites*, as a physician of large experience, who was present, supposed, from the superficial wave responding to palpation, the umbilicus retaining its normal position an inch nearer to the pubes than the sternum, and its normal depression effaced, while intestines anchored to the mesentery, could not float to the top of the liquid and elicit resonance in front? This view was quickly dismissed.

2. Was it a large *unilocular ovarian cyst?* It is well-known that multilocular ovarian cysts develop more rapidly than unilocular; and it may be safely stated that, as a rule, the former demand surgical relief within a year, and the latter within eighteen months or two years from the time they are first recognized by the patient, which usually occurs when the cystoma is approaching the level of the umbilicus, or about the size of the uterus at the end of four and a half to five months of gestation. So that when a woman tells us that she has observed a well-marked abdominal enlargement for between seven and eight years, which, upon examination, is evidently a cystoma, that fact alone is strong *prima facie* evidence against its being of ovarian origin. Indeed, before three years have lapsed, women are usually greatly exhausted, and the features are characteristically chiselled by anxiety apprehension, and suffering, so as to present, even to superficial observation, the model *facies ovariana.* The exceptions are certainly not numerous; still, they do occur. Thus, on the 29th of August, 1870, I was consulted by a widow, æt. 39, with two children. In regard to the diagnosis, I wrote to her physician as follows:

"I found the uterus completely retro-flexed, somewhat enlarged, with marked cervical metritis, and uterine catarrh involving the entire uterine canal. The malposition of the uterus is caused by the tumor. This tumor is, I suspect, of ovarian origin. It may be, however, a large extra-uterine fibroid pressing the uterus backwards, Time will show."

And time did show. This patient consulted me again on the 15th of May, 1883. She stated that after her visit to me her abdomen gradually enlarged for about eight years, and was so immense that she could not walk about, and that she had great difficulty in breathing. Then, after a sensation of something bursting inside the abdomen, soon followed by some intra-abdominal pain, and a protracted illness, the swelling subsided almost entirely. For a long time there was no evidence of swelling up again; then, but very gradually, the abdomen began to enlarge until the present time. She was now greatly distended, presented the typical *facies ovariana*, had lost her appetite completely, and could only retain a little lime water and milk, from long-standing gastric irritability. On the 26th of May I operated for ovariotomy, and I removed a large multilocular ovarian cyst. She succumbed on the 4th from exhaustion, not having been able to retain any kind of nourishment on her stomach, and sustained only by rectal food. Now, here was a case of a

multilocular ovarian cyst which bursted, and nearly proved fatal about eight years after I had diagnosticated an ovarian cystoma, and which I removed nearly five years after that accident occurred.

The fact that the case in hand had existed for between seven and eight years, did not, of necessity, preclude the possibility of its be an ovarian cystoma. Nor did the apparent unimpairment of the general health, of necessity, exclude it.

3. Was it a *parovarian cyst?*

The patient was young, the affection had existed between seven and eight years with the general health unimpaired, fluctuation was superficial and distinct in every diameter of the cystoma, the walls seemed very thin, and it did not seem filled to repletion; indeed, one could not help thinking that the cyst could easily contain three or four quarts more of fluid. All this seemed much more in unison with the clinical history of a parovarian than an ovarian cyst. But there was one phenomenon which did not harmonize with the usual behavior of a parovarian cyst. Although the cystoma seemed to fill the abdominal cavity, and was quite flaccid, it could not be compressed down near the level of the umbilicus. In this respect, it more closely resembled an ovarian cyst, which is usually tense and cannot be compressed like a parovarian cyst. But ovarian cysts are not always tense.

On the 9th of January, 1885, I operated for ovariotomy on Mrs. A. E. P., white, from North Carolina. She was 27 years old, married, had two children, no miscarriages. Her last child was born eight months before. She had noticed that her abdomen was enlarging for the past twenty-two months; that is, five months before the beginning of her last pregnancy. The tumor had grown very slowly, and was not then at all tense; indeed, it rather presented the appearance of ascites than an ovarian cyst. She had never been tapped. The uterus was retroverted, and the sound entered three inches. But for strong anterior adhesions, the cyst might easily have been compressed like a parovarian cyst.

It is rather remarkable that this woman did not need ovariotomy for eight months after the termination of her pregnancy, the cystoma having been large enough to attract her attention five months before she became pregnant.

4. Was it a *fibro-cystic tumor of the uterus?* Although Lawson Tait affirms that a differential diagnosis of a fibro-cystic tumor is such a very difficult thing "that it is possible only in the hands of a surgeon who has made two or three previous mistakes;" yet, in the case in hand, as it seems to me, one would incur small risk of mistake in excluding it. Dr. McGuire's case, already mentioned, is the only one on record, so far as I know, at the early age of twenty-four years; and its clinical history was widely variant from that in this case. Moreover in all the fibro-cystic tumors of the uterus that I have seen, the cyst was remarkably tense, while, in the case under review, the cyst was quite flaccid.

5. Was it a case of *tubercular cyst* or one of a simple *encysted peritonitis?* The history and commemorative events excluded both. Only a short time before, I had seen a case of the latter in the service of my friend and colleague, Prof. S. C. Chew, in the wards of the Maryland University Hospital, of which he has kindly furnished the following account:

"Mrs. X., about fifty-five years of age. A uniform fluctuating tumor occupied the whole of the abdominal region, giving a dull sound on percussion, both in the flanks and in the centre. She stated that it had commenced as a tumor in the right ovarian region, and had gradually extended over the abdomen. An examination per vaginam proved that the tumor did not project into the pelvis. Dyspnœa being urgent, she was tapped, and a large bucketful of straw-colored fluid was drawn off. This was followed by great relief, so that she was able to walk about the ward. In about two weeks the distension was again very great, when she was tapped again by the Resident Physician, Dr. Frank West, but without relief, and in a few days she died. On *post-mortem* examination there were the signs of a diffused peritonitis—coagulable lymph overspreading

the intestines and the abdominal wall."

In this case the diagnosis was not difficult. Vaginal touch excluded ovarian and fibro-uterine cysts, and the physical signs elicited by palpation excluded ascites. And as a tubercular peritonitic cyst could not be admitted, and the history rejected a renal cyst, which I have once seen mistaken for an ovarian cyst.

Returning to the case under review, it will be seen that I have rejected all the affections considered, excepting ovarian and parovarian cysts. With the evidence before me, I could not decide between the two; and it will be presently seen that my hesitation was not injudicious.

I have not referred, hitherto, to the microscope. The reason is, that, whi'e I do not doubt that in the hands of such able and experienced experts as Dr. Garrigues and Drysdale, the microscope will often elucidate and render positive a doubtful diagnosis when used in connection with the character of the fluid, the clinical history and physical examination of patients; yet, in the hands of the average microscopist, it is misleading and untrustworthy.

Let us now see what was the result of operation, which was done on the 13th of July, the third day after the patient's admission into the hospital. I stated that I intended to make only an exploratory incision to clear up the diagnosis, which I declined to announce; and to be governed by circumstances. All the usual anti-septic precautions were adopted. I made an incision about two inches long in the median line, below the umbilicus. When I had cut down to what seemed to be the sac, I found the peritoneum very much thickened and closely adherent to the cyst. I separated the peritoneum, for about two inches around the line of incision, from the cyst, which then seemed to be ovarian, and introduced the trocar. About forty pints of a slightly viscid, greenish fluid escaped, which contained many flakes of fibrin, and I then extended the incision in the *linea alba* for about three inches, and endeavored to enucleate the cyst. The peritoneum was separated from the cyst for about five inches in every direction, and as the adhesions seemed interminable, I made an incision in the cyst to the extent of that in the *linea alba*. When all the fluid was removed, I looked into an immense unilocular cyst, which seemed to occupy the entire abdominal cavity, and to be tightly stretched over the spinal column, and even the pelvic brim down nearly to the ilio-pectineal line. It looked as if all the intra-abdominal organs had been removed, excepting that there were no signs where they had been attached. On the right side the peritoneum was removed from cyst so far that a small portion of intestine became visible, apparently the right arch of the transverse colon.

Concluding that it would be impossible to enucleate the entire cyst, I removed a few inches of the cyst, which seemed redundant, and closed the incision along the *linea alba* with silver sutures, and inserted a large drainage-tube. The patient rallied well from the operation, but after twenty-four hours peritonitis set in and she died on the third day. I requested two competent young physicians to make the *autopsy*, at which I could not be present, as I was then in attendance upon an obstetrical case, the labor not being terminated.

And now, with the exception of the poor woman's death, comes the saddest part of all. The weather was hot, and my young friends, prepossessed with the idea, which one of them had suggested during the operation, that the case was one of encysted dropsy of the peritoneum, contented themselves with demonstrating only what had been revealed at the operation! The pelvic viscera were not examined at all! So that we can only reason about the true nature of the case.

Dr. Bantock affirms "that there is no such thing as a true unilocular or *unifollicular* disease of the ovary, except in its earlier stages," and "that the true ovarian tumor, of size sufficient to be diagnosed during life, is always multiple." And Lawson Tait affirms: "The result of all my observations has been that, in every unilocular tumor, I have found the ovary unaffected, though on several occasions I have seen it stretched over the cyst wall."

Now, if these eminent surgeons are correct in their views, the case in question was a parovarian cyst. Not that all parovarian cysts are unilocular; exceptionally, as has been proved by Thornton, Gillette, Ledeganck, Olshauser and Atthill, they may be binocular or unilocular; but these are not so rare as a unilocular ovarian cyst.*

But the walls of parovarian cysts are almost always very thin, and the fluid limpid and opalescent; while, in this case, the cyst wall was at least an eighth of an inch thick and of almost leathery consistency, and the fluid distinctly viscid and greenish.

It is obvious, now, why it was impossible to compress the flaccid cyst down near the head of the umbilicus. The strong adhesions effectually precluded that element of diagnosis, so generally available in parovarian cysts. But are parovarian cysts ever accompanied by strong adhesions?

I have met with only one case that resembled the one in question very closely, and I regret that it has no clinical history:

"A few years ago, I opened the body of an elderly woman, who died with an immense collection of water in the abdomen. The fluid amounted to many gallons, and after it had been removed, I continued the incision from the sternum to the pubes, and when I had finished the incision, and, with the medical friend, Dr. Bond, who was with me, looked into the cavity, we both were for some time very much astonished to behold only a smooth mucous-serous surface in the cavity and looked for some time in vain to find any liver or stomach, or alimentary canal. It seemed that we were examining an abdomen from which all the viscera had been carefully removed. I was greatly astonished, and quite at loss what to think of the case, or imagine what had become of the abdominal viscera, since the line of the spinal column was strongly drawn at the back of the great cavity we were inspecting, and we seemed to look quite up into the empty cancave of the diaphragm. At length, in examining the cut edge of the incision, I saw that we were looking into an empty cyst, whose edge was then to be seen, and the outer superficies of which was adherent to the peritoneum. The cyst adhered pretty firmly everywhere, but was clearable. I detached it completely, discovering the atrophied organs behind and below it, firmly compressed against the back part of the abdomen. I have no doubt this cyst held more than a thousand ounces of serum; probably twelve hundred. There was, at the lower part of it, a small, solid or hardened portion which was the altered remnant of the left ovary, all the rest of the cyst having been developed out of that body. I gave the specimen to Dr. Horner, who preserves it still, I believe, in the museum of the Univertity of Pennsylvania. It was the largest single cyst I ever met with."†

It will be seen, at once, how strikingly Dr. Meigs' case resembles my case; indeed, his description equally applies to mine, in so far as I have been able to give it. If he was correct in stating that the cyst, in his case, was developed out of the remnant of the left ovary, it was, of course, an ovarian cyst. But may it not have been, according to Bantock's view, a cyst originating in one of the tubercles of the parovary, which grew towards or involved the ovary, separating the layers of the peritoneal fold in which it lay imbedded?* The walls of parovarian cysts are not always thin. Lawson Tait says: "I have removed a parovarian cyst with walls more than half an inch thick, the greater part of which was composed of fusiform muscular cells."

For Constipation in Young Children.—Dr. Poulain, in the *Brit. Med. Journ.*, extols the use of a tablespoonful of fine bran night and morning in a cup of bread and milk. The bran is warmed in the milk and then poured on the bread.

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* Goodell, Trans. Amer. Gyn. Soc., vol. vi, p. 231.

† Woman: her Diseases and Remedies. By Charles D. Meigs, M. D., Fourth Ed., p. 354.

* *Trans. Obstet. Soc., London*, Vol. XV.

† *Op. Cit.*, p. 169.

Clinical Notes.

SYPHILITIC STRICTURE OF THE RECTUM; OPERATION; IMPROVEMENT.

Dr. James Brown, of this city, sends the following report:

On January 31st, 1885, I was called to see the following case: X., mulatto, aged 47, unmarried, mother of one child, which died when two years old of summer complaint, has had three miscarriages. She contracted syphilis in 1865, and carries on both legs a number of depressed, dead-white, characteristic cicatrices, the result of ulcers she soon after that time had had. In addition, she had had the usual train of specific symptoms. Seven or eight years ago she began having trouble with the rectum, and the fæces became slimy and assumed a flattened shape; the stools frequent and attended by some tenesmus. From that time on her condition gradually grew worse and worse; constipation, alternating with diarrhœa, became more and more pronounced. The slime increased in amount and mixed with blood; tenesmus more severe, and fæces smaller and of a more flattened shape. The impediment to defecation became excessive. She stated that it was her custom to have, during the last three years, only one movement of the bowels every three or four weeks. Towards the end of this prolonged constipation, her abdomen becoming enormously distended, she would be seized with colicky pains and compelled to take to her bed; when, at the end of two or three days, after a good deal of straining and, ineffectual attempts to empty the bowel, except the voiding of a few hardened lumps of fæces attended with exquisite pain, diarrhœa would come on bringing with it the long-looked-for relief. When I first saw her she presented the appearance of a person in the last stage of phthisis pulmonalis. She was reduced to a mere skeleton by pain and a large sanguineo-purulent discharge which had now become constant.

Frequent and violent vomiting had commenced four days before, consisting at first of a bilious material, but towards the last resembling coffee grounds. The countenance was indicative of abdominal trouble; tongue dry and furred. Temperature normal and pulse 90. Examination of thorax revealed nothing abnormal save a slight roughness of the inspiratory murmur. Around the anus there were three or four external piles. On attempting to carry the finger into the rectum it was arrested about three-quarters of an inch from the anal orifice. Through the vagina a hard, round, smooth tumor could be felt of the consistence of fibro-cartilage and about the size of an orange, completely filling up the ischio-rectal fossæ, and ceasing on a level with the os uteri, about 3½ inches above the anus. The posterior wall of the vagina was freely movable over the tumor, and there was no involvement of the glands in the groins. The largest thing that would pass through the stricture was a No. 18 mm. gum catheter, which, when withdrawn, contained in its eyes a lot of grumous matter similar to the prune-juice expectoration.

By gradual dilatation, together with daily enemata and concentrated nourishment, its calibre was enlarged sufficiently to admit the index finger. To accomplish this two months and a half were necessary the stricture being so very resilient. Beyond this point it could not be carried without using more force than was deemed proper. So April 18th, 1885, the linear operation, as recommended and practiced by Verneuil, was performed. After this was accomplished the finger could be readily pressed up the rectum for about five inches, but was there arrested by another stricture. A No. 14 mm. bougie was the largest instrument that could be gotten through it. After she recovered from the above-mentioned operation, which she did very kindly, gradual dilatation of the superior stricture was commenced, the diet and enemata being continued as before, hoping by these means to render colotomy unnecessary. On May 22 a No. 9 Wales rectal bougie was passed through the superior stricture. Since this date I have not seen the patient.

Her general condition had greatly improved. She had been walking out

daily, had gained greatly in weight and strength, and had sufficient control over her bowels to enable her to reach the water-closet without any mischief. The bowels was moved once or twice daily without any purgative medicine, and without the slighest pain; results fully justifying the operation, partial as it had to be.

Society Report.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD SEPT. 10, 1885.

Dr. J. Henry C. Simes, Vice-President, in the Chair.

Dr. George Dock exhibited to the Society a patient suffering from

SECONDARY EPITHELIOMA,

and stated the following history:

The case occurred in the practice of Dr. W. W. Keen, at St. Mary's Hospital, to whom Dr. Dock acknowledges his indebtedness for the opportunity of recording it.

Mary C., æt. 70 years, married, born in Ireland, applied for treatment Nov. 29, 1884. Her personal and family histories seemed to be usually good. No traces of constitutional disease can be found. She uses alcoholic liquors in moderation and has smoked a clay pipe for the greater part of her life. Filling the right submaxillary region and extending up over the inferior maxilla was a tumor the distinct outlines of which included a space about three inches in diameter. The lower part was very prominent, standing out as a flattened node 1½ inches in diameter and about ¾ inch high, the whole height of the tumor being 1½ inches. The growth was hard, immovable on the lower jaw; the surface was smooth and red, changing to a dull purple on the nodular elevation. On the summit of this growth was an opening leading upwards and inwards three quarters of an inch. The skin around the opening was everted and the surface of the crater-like cavity, covered with large and small granulations, which exuded a thin, gray, offensive pus. The neighboring lymph glands were not enlarged. The general condition was good.

The patient stated that the growth first appeared six months before admission to the hospital as a "kernel" below the jaw. She applied various poultices and salves to it. The tumor grew rapidly for the following four months, when it opened, discharging a large amount of pus, after that there was no apparent increase in size. The patient could assign no cause for the tumor, except a scald, received about one year before on the lower lip near the angle of the mouth on the right side. This was followed by an ulcer, which was removed at the Episcopal Hospital in Feb. 1884, about two months before appearance of the enlarged gland. Dr. J. M. Bradford, late resident physician at the Episcopal Hospital, states that the ulcer was noted as epithelioma.

On Dec. 3d, 1884, Dr. Keen removed the tumor together with a margin of healthy skin and the submaxillary salivary gland. The external plate of the inferior maxillary appearing roughened, it was cut away. The cavity of the mouth was not opened. By the use of hare-lip pins and sutures, the edges of the large wound, four and a half inches in diameter, were approximated almost perfectly. The dressings at first were carbolized; afterward iodoform was used. In the fourth week after the operation a small, red, indurated, sometimes painful, spot appeared in the skin just posterior to the wound; a few days later the patient was discharged.

Microscopic sections made through various parts of the growth showed the structure of squamous epithelioma everywhere. The salivary gland was invaded. No trace of the lymph-gland could be found, and the supposition was that it had ulcerated away completely.

The patient was lost sight of until the beginning of May, 1885. She stated that after leaving the hospital the small swelling alluded to increased rapidly in size, and in a few weeks was larger than the one removed. She used no irritating

measures, but the tumor broke down and ulcerated away, leaving a large granulating surface. On examination I found an ulcer on the side of the neck, extending from one inch to the right of the median line to beyond the angle of the jaw, irregularly circular in outline and containing glands of epithelioma. There was a small opening into the cavity of the mouth midway between the angle and the symphysis of the jaw and just inside of the inferior border of that bone. There was a hard tender swelling on the gum above the inner edge of the opening, covered with small dark red nodules. In June the inferior maxilla was still more atrophied, and had separated at the point of swelling and opening before mentioned. The adjacent ends of bone and gum were covered with a small fungous growth.

The process of atrophy and new growth is still continuing. The left alveolar process approaches the median line of the oral cavity, and the point of the chin is on a line dropped from the outer angle of the right eye. The ulcer on the neck is healing, but the new growth in the mouth is rapidly enlarging, so that the tongue cannot be extruded. There are no enlarged lymph-glands, but within a few days the patient has complained of pain in a gland in the subclavian region. The general condition is very poor; the patient lives on liquid food and takes morphia to produce sleep.

[The patient and the microscopic sections were then examined by the members of the Society.]

Dr. T. D. Dunn exhibited the contents of cyst recently removed from the back of a cow.

Dr. Guy Hinsdale exhibited a specimen of

ENLARGED PROSTATE

The specimen had recently been presented to the Mütter Museum of the College of Physicians by Dr. J. L. Stewart, of Erie, Pa. The specimen was removed from a man æt. 75 years, who, sixteen years previously, had first come under Dr. Stewart's observation. At that time he was a strong, well-develop man, who had never been sick before in his life, but was then suffering from retention of urine, which had existed for seventy-two hours. It was found to be impossible to introduce a catheter owing to an enlarged prostate estimated to be larger than a hen's egg. Circumstances rendered it necessary to force an instrument through the gland, and five and a half pounds of urine were drawn off. A train of most unpleasant symptoms followed, and for weeks there was profuse suppuration with complete incontinence and great prostration. After about thirty days improvement began and continued to complete recovery. Three months afterward the patient seemed perfectly well.

Attacks of cystitis and retention became frequent, and for sixteen years only once did an interval of over three months pass without an attack, the usual time being about twenty days. During the time Dr. Stewart introduced the catheter 1,194 times. Pain was intense, during the later years, when four or five ounces of urine had collected in the bladder. Meantime, the prostate continued to increase in size, and in November, 1884, was believed to be of the size of a large orange. On the night of the 27th of May, 1885, the patient had his last attack. Dr. Stewart not being at hand, two other physicians did not succeed in introducing an instrument. Just before 9 A. M. of the following day the man was attacked with the most excruciating pain followed by a severe chill. At this time it is believed by his medical attendant that rupture of the bladder occurred, and the early date of this accident is accounted for as being the result of the contracted condition of the bladder. From this time there was no acute pain, but a severe aching followed by prostration. At 9.30 A. M. the bladder was aspirated, one ounce of urine coming away. Dr. Stewart catheterized him on the third day, drawing about a tablespoonful of urine. The patient died on the morning of the fourth day. His mind was clear and his voice strong to the last.

The *post mortem* was not made by Dr. Stewart personally. It is stated

that there was a rupture of the anterior part of the bladder near the fundus, and that the cavity of the abdomen was filled with urine.

The specimens were not removed in such a way as to make this evident.

The specimen, as presented, consists of the prostate gland laid open by a cut in the vertical line, and having attached to it the bladder, the walls of which are thick and have apparently undergone fatty degeneration, as had also the kidney, which accompanied the specimen, the pelves of which were thickly overlaid with fat. The long diameter of the prostate, after being in alcohol for three weeks, is three inches; the shorter diameter, two and three quarter inches, of the third lobe is one inch long, and through it the catheter passed and still remains in position.

Dr. J. M. Barton stated that but one case of rupture of the bladder from overdistention had come under his observation. It occurred in a German, who had an impermeable stricture of eight years duration; no urine whatever passed; the contents of the bladder were removed several times by aspiration while attempts were being made by filiform and other bougies to pass the stricture. As these failed, perineal section was suggested to the patient and his friends, but refused, and the doctor was told that they would send for him when they needed him.

Three days later Dr. Barton was sent for, he proceeded to the house accompanied by Dr. S. W. Gross. The man was in a dying condition; the bladder tumor, which before was very prominent, had disappeared. Aspiration over the pubes and a trocar inserted by way of the rectum both failed to reach any urine.

On *post mortem* examination a small rent was found in the upper part of the bladder, but the specimen could not be secured.

In old cases of prostatic obstruction Dr. Barton has several times found on *post mortem* examination that the patient had thrust the instrument through the third lobe; in one case several such openings had been made and had kindly healed.

The committee on morbid growths reported regarding Dr. Mitchell's specimen of

CANCER OF THE STOMACH,

exhibited at the last meeting in June, as follows:

(a). *Stomach.*—Microscopic sections across the wall of the stomach show an active proliferation of the epithelium of the mucous membrane, pushing it way into the wall, infiltrating it and forming alveolar spaces. The wall is further infiltrated with young cells, which, for the most part, replace the normal structure of the part. The process has probably been a chronic catarrh with great hypertrophy, passing gradually into a carcinomatous type.

(b). *Omental nodules.*—Sections of these show an indistinct alveolar structure filled with epithelial cells and a small celled infiltration of the adipose tissue. The appearances are those of a carcinoma, secondary, probably, to the growth in the stomach.

The committee reported regarding Dr. Nancrede's specimen of

HÆMATOCELE OF THE TESTICLE,

as follows:

Sections exhibit layers of more or less well-developed connective tissu, through which scattered numerous young connective tissue cells. No evidence of sarcoma tissue is present. The growth should be classed as a chronic connective tissue hypertrophy, and as the sac contained blood it became a specimen of chronic hæmatocele.

GASTRO-INTESTINAL INDIGESTION.—Keating recommends the following treatment of acute gastro-intestinal indigestion in teething children:

℞.	Hydrarg. chlor. mit.,	gr. i.
	Pulv. ipecac.,	gr. ss.
	Soda bicarb.,	grs. viij.
	Sacch. lact.,	grs. x.

M. ft. chart. iv.

This is to be followed by a dose of castor oil, and then the child should be placed on a careful diet for a day or two, and given the wine of pepsin in half teaspoonful doses, or the elix. cinchona co.—*Archives of Pediatrics.*

CLINICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD SEPT. 25, 1885.

The President, Dr. Edward E. Montgomery, in the chair.

Dr. I. G. Heilman reported

A CASE OF EMPYEMA.

The case to which I direct your attention is that of E. W., aged 9 years. His family history indicates some tendency to pulmonary disease, but his health has always been good. I was called to see him April 24th, 1885, and found him suffering from an attack of measles; the case, however, presented nothing unusual until April 29th, when pneumonia, limited to the lower lobe of the left lung, set in, and the case became more serious. Two days later, May 1st, I was hastily summoned and found him suffering with intense pain on the left side of his chest, and excessively nervous. The symptoms presented pleurisy, which the physical signs showed to be present. An opiate, with counter-irritants, afforded relief, but on the following day there was a decided effusion, which continued to increase in quantity until it filled the entire pleural cavity on the left side. Respiration being entirely suspended, on that side, the dyspnœa was very great. Temperature ranged between 102 and 103½°. The acute symptoms gradually abated; but there was very little decrease in the quantity of effusion. By May 13th, two weeks after the beginning of the attack, he seemed fairly comfortable. Temperature ranging between normal and 99½°. On measuring the chest affected side was found to be one inch larger than the other. The percussion note was still non-resonant; respiratory sounds and movements were absent. Absorption seemed to have commenced when the patient's stomach became so irritable that scarcely any nourishment could be given for a week; and the effusion again filled the left pleural cavity; in spite of quinia, potassium iodide, Basham's Mixture, hydragogue cathartics (with tincture of iodine and cantharidal collodion externally) the patient gradually grew worse. The temperature, however, during this period never was above 100°, nor the pulse above 95, except temporarily after exertion, or following an attack of nervousness. On June 19th, Dr. E. R. Stone saw the case with me and concluded that paracentesis was the only measure that promised relief. The condition of the patient at this time was not so serious as to cause us to suspect the presence of pus.

His appetite was fairly good; he spent a portion of each day on the street; had fever only occasionally, and slept well. There was dyspnœa, but not to so marked a degree as would be expected in a case of this character. On June 23, Dr. Stone and I introduced an aspirating needle into the pleural cavity and withdrew eighteen ounces of pus. No unpleasant symptoms attended the operation, and marked relief was afforded. The lung was expanded, and twelve hours later I found a good respiratory murmur at the apex. The improvement gave but temporory relief, and a week later the entire cavity had again filled. We now decided to use the aspirator daily and remove as much of the fluid as the patient could bear.

To obviate the necessity of a daily puncture with the needle, we decided to introduce a tube and retain it in position. With a trocar and canula, such as is generally used for tapping the abdominal cavity, we made a puncture, and after withdrawing the trocar passed a soft rubber catheter through the canula. The latter was then drawn out over the catheter, thus leaving in the pleaural cavity a tube to which the aspirator could be attached at any time. As the puncture through the chest wall was no larger than the diameter of the tube there was no danger of air passing in. The tube was held in position by a strip of adhesive plaster, and closed by a wooden peg, when not attached by the aspirator.

June	30,	16	ounces of pus were withdrawn		
July	1,	14	"	"	"
"	2,	10	"	"	"
"	3,	7	"	"	"
"	4,	3	"	"	"
"	5,	5	"	"	"
"	6,	7	"	"	"
"	7,	6	"	"	"
"	8,	2	"	"	"

Total amount of pus removed was 88 ounces. The aspiration of July 8th was followed by a little blood. From July 9th to 14th a daily trial was made but no further discharge took place. On the 11th inst. a little water was injected, but immediately was forced out between the chest wall and the tube. The lung, in the meantime, had expanded, and an almost normal respiratory murmur was noted over nearly the entire chest, with good percussion resonance. On July 13th I injected water again, with the same result as before. On the 14th, on consultation with Dr. W. F. Buchanan, the tube was removed and the wound closed with adhesive plaster. The left side, at this time, measured ⅛ of an inch less than the right.

The patient's condition had now decidedly improved, his appetite was very good and his strength was returning rapidly. He is to-day in very good condition—goes to school, is active in outdoor plays, and has gained ten pounds in weight during the past month. The points of interest in the case are:

1. The length of time during which the lung was compressed, viz., *seven* weeks from the beginning of the effusion until the aspirator was first used, *eight* weeks before a regular systematic effort was made to remove the pus. Yet the lung steadily expanded, as the pus was removed, and filled up the vacuum created.

2. The time required for the removal of the entire quantity of pus, *nine days*. There was no discharge after that time, and the tube might safely have been removed.

3. No antiseptic solution was injected; indeed, no attempt was made to wash out the pleural cavity. It is true that a small quantity of water (not more than f℥ij) was injected twice, but this was done for the purpose of removing any clots that might be obstructing the tube I am aware that this was not in accord with modern teachings and practice, but it is difficult to see how antiseptic washing could have hastened the recovery of the patient. The aspirator in the treatment of these cases possesses, it seems to me, so many advantages that I can scarcely conceive of a case where we would be justified in resorting to the old method of open drainage. The simplicity of the operation in the one case and its difficulty and gravity in the other, is a point worthy of consideration. It is a trifling matter to puncture the chest wall with a small trocar and canula; but, in a patient already exhausted, often a most serious one to make an enlarged opening and remove portions of the ribs. Cleanliness is another point for consideration. In the case just reported not a drop of pus escaped except when the aspirator was used. There was absolute ly no unpleasant odor at any time, nor soiling of the patient's clothing; both so annoying where an open drainage tube is used. A still greater advantage, in my opininn, is the control it gives the physician over the expansion of the lung. He can cause it to expand rapidly or slowly, at his pleasure. The expansion being a gradual one, those distressing symptoms which so often result from a sudden removal of the fluid are avoided.

The patient was then exhibited. The two sides of the chest resembled each other in contour; Dr. Heilman said that on measurement, a few days ago, the left side was only ¼ inch smaller than the right. Percussion note same on both sides.

DISCUSSION.

In the discussion *Dr. Collins* remarked that he noticed a slight friction sound on the affected side, which was probably due to a deposit of lymph on the pleural membrane; he thought if aspiration had been done earlier there would have been less danger of a deposit. He considered it an advantage to aspirate early; would not hesitate to operate at the end of fourteen days. In regard to the use of antiseptics; he did not consider them necessary, as with the aspirator no air enters the pleural cavity.

Dr. Beates said that in his experience the entrance of air into the pleural cavity had caused no unfavorable symptoms.

Dr. Heilman, in closing the discussion, said that he had used the aspirator as soon as the consent of the parents could be gained; they were very much averse

to an operation. The pleural cavity was entirely filled, and there was some trouble in finding the intracostal spaces on this account. He considered that the escape of blood was due to the aspirator.

Dr. Edward E. Montgomery read a paper on

TRACHEOTOMY IN CROUP AND DIPHTHERIA,

which will be published in full in *The Archives of Pediatrics*..

BOOKS AND PAMPHLETS RECEIVED.

Practical Therapeutics ; a Compenalism of Selected. Formulæ and Practical Hints of Treatment. Systematically Arranged, Interleaved, and Copiously Indexed. By EDWARD J. BERMINGHAM, A. M., M D., Fellow and Ex-Vice-President of the American Academy of Medicine, etc. New York: J. R Bermingham, Publisher. 1885. Pp. 405.

A System of Obstetric Medicine and Surgery, Theoretical and Clinical. For the Student and Practitioner. By ROBERT BARNES, M. D., Obstetric Physician to St. George's Hospital, etc., and FANCOURT BARNES, M. D., Physician to the Royal Maternity Charity and to British Lying-in Hospital, etc. Illustrated with Two Hundred and Thirty-one Wood-cut. Philadelphia: Lea Brothers & Co. 1885. Pp. 876.

Fowne's Manual of Chemistry, Theoretical and Practical. A New American from the Twelfth English Edition, Embodying Watt's "Physical and Inorganic Chemistry," with 168 Selections. Philadelphia: Lea Bros. & Co. 1885. Cushings & Bailey, Baltimore.

Tabulæ Anatomicæ Osteologicæ. Edited by C. H. VONKLEIN, A. M., M. D., Cincinnati.

A Practical Treatise on the Diseases of Children. By ALFRED VOGEL, M. D , Professor of Clinical Medicine in the University of Dorpat, Russia. Translated and Edited by H. RAPHAEL, M. D., Formerly House Surgeon to Bellevue Hospital, etc. Third American from the Eighth German Edition. Revised and Enlarged. Illustrated by Six Lithographic Plates. New York: D. Appleton & Co. 1885. Pp. 625. Cushings & Bailey, Bailtimore.

A Text-Book of Pharmacology, Therapeetics and Materia Medica. By T. LAUDER BRANTON, M. D., D. Sc., F. R. S., Fellow of the Royal College of Physicians, etc. Adapted to the United States Pharmacopœia. By FRANCIS H. WILLIAMS, M. D., Boston, Mass. Philadelphia: Lea Brothers & Co. 1885. Pp. 928.

A Text-Book of Medical Chemistry. For Medical and Pharmaceutical Students and Practitioners. By ELIAS H. BARTLEY, Adjunct Professor of Chemistry and Lecturer on Diseases of Children in Long Island College Hospital, etc. With 40 Illustrations. Philadelphia: P. Blackiston, Son & Co. 1885. Pp. 358. Cushings & Bailey, Baltimore.

A System of Practical Medicine. By American Authors. Edited by WILLIAM PEPPER, M. D., LL.D., assisted by LOUIS STARR, M. D. Volume III. Diseases of the Respiratory, Circulatory, and Hæmatopoietic Systems. Philadelphia: Lea Brothers & Co. 1885; Pp. 981.

New Instruments.

A NEW NEEDLE FORCEPS.

BY ROBERT T. WILSON, M. D.,

Gynecologist Union Protestant Infirmary, Assistant Surgeon Woman's Hospital of Maryland.

The instrument represented in the accompanying cut is a modification of Sir Spencer Wells' needle forceps. The forceps is excellent in its firm grasp, and the needle is easily thrust through the

Fig2

tissues in any direction. The jaws (see Fig. 2) are grooved at different angles, so that the needle is introduced with ease at any angle desired. The cut gives a faithful likeness of the forceps, so a description is unnecessary. This instrument is manufactured by Charles Willms & Co. of this city.

TREATMENT OF SPRAINS.—M. Marc Sie endeavors to fulfil the two indications of provoking absorption and favoring cicatrization in the injured joint, by applying firmly an india rubber bandage over the articulation, taking care to protect the long protuberances with a layer of cotton-wool. It should not be applied so tightly as to cause pain. The elastic bandage causes resorption and keeps the part immovable.—*L'Union Med. du Canada.*

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NEWBERRY A. S. KEYSER, M.D., Associate Editor

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BALTIMORE, OCTOBER 10, 1885.

Editorial.

THE ANTI-VACCINATION RIOT IN MONTREAL AND ITS LESSON.—At the present time a violent epidemic of small-pox is raging at Montreal, Canada.

It is estimated that there are now between 3,000 and 4,000 cases of the disease in the city. A law was passed by the Provincial Board of Health, making vaccination compulsory. It seems that the publication of this law so excited the French Canadian population of Montreal that a riot broke out and was not quelled until considerable damage was done. In looking for an explanation of this anti-vaccination excitement and prejudice, it appears that for several years past medical men, occupying high places of public respect and confidence, have flooded the press with articles denouncing vaccination and representing it as a source of evil. In addition to this, a few fanatics and politicians abetted this prejudice by denouncing vaccination and painting its horrors in thrilling terms. Strong prejudices were thus provoked among an ignorant and excitable class of people with the result witnessed in the riot which took place on Sept. 29th and 30th. It does not appear that there was a just or reasonable ground for this violent attack on the practice of vaccination. It must be borne in mind that in every large community there are always many ignorant and excitable people who are moved more by passion and prejudice than by reason. A few fanatics in a community, however well organized it may be, can provoke much excitement and harm by appealing to the passions and prejudices of the ignorant masses. These waves of excitement against vaccination have occurred time and again, not only in our own country but in Europe. There are always to be found people who hold extreme and radical views on all subjects. Vaccination is one of those subjects which admits of discussion even though the preponderance of facts have long since established its great prophylactic value. It is one of those truths of science which require constant re-assertion and re-habilitation. From the time of Jenner to the present day the advocates of this simple practice have been compelled to add line upon line to establish its claim not only to popular but even to professional favor, for it must be admitted that not only among the laity will there be found a violent prejudice against vaccination, but in the rank and file of the medical profession a stronger opposition has even at times been manifested. The fact that the present disturbance in Montreal is reported to have had its origin in denunciatory articles in the press written by medical men of local eminence and authority confirms the statement just made that in the ranks of the profession avowed enemies to the doctrines of vaccination still exist. This may appear a surprising statement in this day of enlightenment and scientific progress, but it seems to be no less a fact to the contrary notwithstanding. If we examine into this feeling against vaccination it will appear that it assumes a status of quiet indifference and non-assertion in this country. The anti-vaccinationists have no organized forces in the United States so far as we are aware, but a lurking feeling of distrust and of opposition does exist in many minds which would seek escape in violent explosion were provoking circumstances called into existence. Practically, the principles of vaccination are not accepted by large numbers of people. In all of our large cities there are hundreds, if not thousands, of children and adults who

have never been vaccinated and who succeed in evading the law by cunning tricks and devices. Every physician must meet with people of this class. Not only is this fact true of the laity, but there are also physicians who attach so little importance to the practice of vaccination that they acquiesce in their acceptance of its doctrines and perform duties in respect to it in the most perfunctory manner.

It is an unfortunate circumstance that the beneficent results which have followed the practice of vaccination should not have been able before this time to have led to its universal acceptance and practice. It seems to us no claim which science has put forth has been established upon stronger and more incontestible grounds. It is no longer a theory but a well-established fact that cow-pox is a prophylaxis against small-pox. Why then there should be an indifference or opposition to the acceptance of this fact we are unable to understand.

If arguments or facts are needed to convince any one, these can be furnished in any abundance. If a single reader of this article has a doubt upon this subject we invite his attention to the following figures presented by the German Vaccination Commission, which held its meeting at the Imperial Health Office in Berlin, October 30th to November 5th, 1884 (*Brit. Med. Journ.*, Aug. 29th, 1885). In Prussia, up to 1870 the mortality from small-pox was fairly steady, but was temporarily increased by an epidemic about every ten or twelve years. The average yearly mortality in the interval between the epidemics was 15 to 20 per 100,000 of population, but during the epidemic periods it reached to between 40 and 60 yearly for about two years. In 1871–'72 the great small-pox epidemic broke out, in connection with the Franco-Prussian War, the deaths being 243 and 262 per 100,000 for these years respectively. In 1873–'74 the mortality sank very low, viz., to 35.6 and 9.5 respectively, as is usually the case after severe epidemics.

In 1874 a fresh vaccination law came into force in Germany, making re-vaccination compulsory; the twelfth year of age being selected as being a convenient age, before the children left school. From 1875 onwards the influence of the law is apparent, whilst without the law, the small-pox mortality would soon have reached its usual figures again, it now fell to, and has persistently remained at, a lower figure than any since the beginning of this century.

In 1876, it was	3.1	per	100,000
" 1877, "	0.3	"	"
" 1878, "	0.7	"	"
" 1879, "	1.2	"	"
" 1880, "	2.6	"	"
" 1881, "	3.6	"	"
" 1882, "	3.6	"	"

Thus from an average yearly mortality of from 15 to 20 per 100,000 prior to the enforcement of the compulsory vaccination law it has never reached a higher rate than 3.6 per 100,000 since that law went into operation.

The report goes on to state that not a single case of death from small-pox has occurred in the German army since 1874, whilst both the Austrian and French armies still show a very high small-pox mortality. No other reason can be assigned for this than the influence of a system of vaccination and re-vaccination rigidly carried out.

Miscellany.

The Occasional Latency and Insidiousness of Grave Symptoms in Connection with the Puerperal State.—In a paper having the above title, read before the Obstetric Section at the annual meeting of the British Medical Association, held at Chardiff, (*Brit. Med. Journ.*, Aug. 22, 1882) the author, Dr. W. O. Priestley, summed up his remarks with the following conclusions:

1. Perhaps I may be permitted to dwell on the importance ot securing a full and perfect contraction of the uterus after delivery, as a prophylactic measure. In many cases going wrong, it has been ob served that the uterus was inordinately large, thus indicating a dilated cavity, in which clots of fluid, which ought to be discharged, are retained, and which may thus become the nidus for the possible development of diseased germs. Further, in an imperfectly contracted uterus, the

sinuses or large veins remain full of clots or of fluid blood, which is more or les, apart from the general systemic circulation; and is thus, like the back-water of a stream, stagnant, and ready to become a source of peril. Clots should, therefore, always be carefully removed from the uterus, as they form for some time after delivery; and pressure with other means should be conjoined to promote full contraction.

2. The occurrence of a rigor at any part of the puerperal period should never be disregarded. It is nearly always the forerunner of some less or greater commotion in the system, although the mischief it portends may not be observed until the suspicion excited by its advent has well-nigh died out.

3. The presence of rheumatic or obscure pains in the joints or muscles, even if they be fitting and transient, should be taken as indicating a possible contamination of the blood-current; and the case should be watched the more closely, if the patient be depressed in spirits, or if she be prone to be apparently hysterical. If, with these symptoms. there be no evidences of deviation in any special organ, the heart should especially be watched, with a view of ascertaining if there be indications of deposits in its valves. The sudden appearance of a *bruit* with the heart sounds may be the precursor of embolism either in the pulmonary or in the general systemic circulation. The temperature should also be carefully recorded, as it is probable that, in all cases of insidious puerperal disease, the thermometer will indicate some rise of temperature.

4. It should be remembered that patients who are inert in temperament, and who lead inactive lives during pregnancy, are more prone to puerperal ailments than others of more active disposition, and thus require more careful supervision.

5. The treatment of suspected cases should consist of putting the patient in the best possible hygienic conditions, and improving vitality by the administration of quinine and a good but judicious diet.

6. As it is probable that all germs of disease are imported from without, and that those of a less virulent character only find an opportunity of developing themselves in the bodies of women whose vitality is below the normal standard, it may be possible in many cases to prevent disease altogether by improving the health of the patient, and by the proper use of antiseptic precautions both during and after delivery.

Injections for Fœtid Leucorrhœa.—A contribntor to the *Union Medical* gives the following formulæ:

Chlorate of potassium,	12 parts.
Wine of opium,	10 "
Tar-water,	300 "

Add three tablespoonfuls to half a pint of warm water.

Salicylate of sodium,	20 parts.
Salicylic acid,	1 "
Tincture of eucalyptus,	45 "
Wine, or white vinegar,	300 "

Add two tablespoonfuls to half a pint of warm wate.—*N. Y. Med. Journ.*

Mr. Ernest Hart, editor of the *Brit. Med. Journ.*, and candidate for Parliament, has just issued his address to the electors of the Mile-end Division, and after promising to devote himself to all measures of Liberal reform, the candidate states that he intends to establish centres in the borough, so that he will be able personally to attend and answer all questions.

The Prefect of Police has issued a decree that the remains of the bodies dissected in the dissecting-rooms of the Paris School of Medicine shall be cremated in the apparatus for the purpose. The Prefect of the Seine, the Director of the Assistance Publique, and the Dean of the Paris Medical Faculty, have been informed of this decision.—*Bost. Med. avd Surg. Journ.*

Heroic or Poisonous Doses—At the Société de Thérapeutique M. Huchard brought forward to the notice of his colleagues several examples of accidents succeeding the administration of iodide of potassium in large doses. Besides the iodism usually observed, such as swelling of the eye-lids, œdema of the face, and even iodic purpura, other symptoms of a

graver character have been observed by him in two cases. In the first, that of a man who took 40 grains of the iodide and a drachm of the bromide for an aneurism, very violent dyspnœa followed. The second, a syphilitic, was attacked with such severe suffocation, after having been given a certain quantity of the iodide, that tracheotomy had to be performed to save his life. M. Lereboullet said that when he was house-surgeon at the hospital in Strasburg he saw as much as nine drachms of iodide of potassium a day given for syphilis. Evil results rarely followed this large dose, and he thought that idiosyncrasies in persons would account for the accidents referred to. In affections of the aorta and in atheroma he has given it in small doses (five or six grains) with the best result, but it it should be continued for a long while. M. Huchard said that he gave the salt at the rate of one gramme a day in angina pectoris, and he is confident that he has obtained several definite cures.—*Med. Press*, June 3, 1885.

Water as a Local Anæsthetic.—Dr. W. S. Halsted writes to the *New York Medical Journal:*

"My communication on the use and misuse of cocaine, as published in the latest number of this Journal, appeared, through an oversight of mine, minus a foot-note which, referring to the passage introduced by the word "*into*" (italicized, and occurring eight lines before the last one in the printed article), had been appended to the original manuscript.

"Apropos of *cutaneous* as distinguished from *subcutaneous* injections, I would like to present now the statements which were to have been embodied, more briefly, in the foot-note.

"1. The skin can be completely anæsthetized to any extent by cutaneous injections of water.

"2. I have at times, of late, used water instead of cocaine in minor operations requiring skin incisions.

"3. The anæsthesia seldom oversteps the boundary of the originally bloodless wheal, but does not always vanish just as soon as hyperæmia supervenes."

Medicine and the Drama.—We understand that "Sister Grace," a new play founded on some incidents of hospital life, is the work of Mr. Scott Battams, a young member of the medical profession. Our readers will remember that the play was originally produced at the Avenue Theatre last year at a matinèe given in aid of the East London Hospital for Children, when it scored a distinct success. Since then, "Sister Grace" has been carefully revised; and was produced for the first time in the provinces on August 8th, at the the New Theatre, Devonport. We are inclined to believe that a play which appeals to so large a section of the public would have a good reception if produced in London.—*Lond. Med. Times.*

Tonic for Children.—The following is an excellent general tonic mixture for children:

℞.	Potass. bromidi.,	gr. 1
	Acid. phosph., dil.,	
	Tr. ferri chloridi.,	each ℥ij.
	Syr. limonis,	
	Aquæ dest.,	each ℥jss.

M. Sig.—A teaspoonful every four hours, for a child from three to five years old.

Epistaxis.—Prof. Bartholow, for a case of frequent epistaxis, occurring in a young man of twenty-five years of age, recommended the following prescription to maintain the tonicity of the blood:

℞.	Ergotæ (aq. ext.)	gr. i.
	Ferri sulphat.,	gr. j.
	Extract nucis vomicæ.	gr. ¼.

M. Sig.—in pill, ter die.
—*Coll. and Clin Record*, May.

Death of Prof. Richard McSherry.—As we go to press we have just received the intelligence that Professor Richard McSherry departed this life at his residence in this city on the morning of October 7th. This announcement has come to us with great force and untimely warning. Whilst we were aware of the fact that our lamented friend was upon the bed of illness we were not pre-

pared for his sudden demise. We feel acutely the sorrow which has come upon his family, upon his many friends, and upon this entire community. It can be truly said a great and good man has fallen. We have not the space at our disposal in this issue to give a sketch of the life of this eminent physician and noble Christian gentleman. In a subsequent number of this JOURNAL we will lay before our readers a full statement of his life and character, and will show how the world has been made better by the life of this truly good and useful man.

Medical Items.

"The Code question is dying a great deal more easily than the bloody shirt disappeared from the politics of the country. If it is puffed up as the pivot of the organization of the International Congress, everybody is perfectly aware that it is either a pretext or a grave mistake; I believe it is both. Europeans who were not afraid of admitting laymen and homœopathists, expected to meet, if ever they would consent to cross the Atlantic for an International Congress, the American medical profession. No International Congress must be caught in domestic quarrels, or audaciously kidnapped by a society, or a party, or the Faculty of a medical school."—*Dr. A. Jacobi, in address before N. Y. Acad. of Med., Oct.* 1, 1885.

MAKING BUSINESS FOR THE ALIENISTS.—An Australian journal thus announces a forthcoming serial novel: Of 10,000 readers of this fatal romance it is estimated that there were 422 cases of insanity, 977 of monomania, 894 suicides, and 1,315 cases of mysterious disappearances.— *Med. News*

Mrs. Mulvaney (*the laundress*). "Indade, ma'am, an' its miserable I am. I'm but jist on my feet wid the pain in me back, and Jimmy he's as bad off; he has a cough on um that sounds loike an impty bar'l. *Cough fer the lady*, Jimmy. —*Harper's Bazar.*

The London Med. Times, in an editorial article on the International Medical Congress, concludes with these words: "In our opinion the time has now come for the officers of the past International Medical Congress to meet together, and decide that, unless the pledge given at Copenhagen is kept, and all attempts to embroil the Congress in ethical disputes are unconditionally given up, the acceptance of the invitation to meet at Washington should be recinded, and arrangements made to hold the Congress in 1887 in a country where the medical profession possesses greater solidarity."

The Family Doctor.—Little Boy: "Please, I want the doctor to come and see mother." Servant: "Doctor's out. Where do you come from?" Little Boy: "What! Don't you know me? Why, we deal with you. We had a baby from here last week!"—*Ex.*

Jay Gould is physically not very imposing. He reminds one of what the girl just returned from a Boston school said when she saw a steam fire engine. "Who would ever have dreamed that such a vewy diminutive looking concern would hold so much watah?"—*Med. and Surg. Reporter.*

At a meeting of the Clinical Society of Maryland, held October 2, 1885, the following gentlemen were elected for the ensuing year:

President, Dr. L. McLain Tiffany; Vice-President, Dr. N. G. Keirle; Treasurer, Dr. H. C. McSherry; Recording Secretary, Dr. A. C. Abbott; Corresponding Secretary, Dr. S. T. Earle; Executive Committee, Dr. J. Edwin Michael, Dr. G. H. Rohé, Dr. W. T, Councilman.

Professor Starke, one of the most gifted military surgeons in Germany, died in Berlin on the 17th of Sept.

The Harverian lectures will be delivered this year by Dr. Buzzard on the subject "Some Forms of Paralysis Dependent upon Peripheral Neuritis."

Dr. Ludwig Stieda, of Dorpat, has been appointed to the Chair of Anatomy in Koningsberg, formerly held by Prof. Meckel.

The *Med. Record* says: "It is evident that the work done by the Committee of the International Congress at its secret meeting in this city (New York) is an utter failure. The Committee has won over no new friends, but, on the other hand, withdrawals continue to be made. We believe that there is no exaggeration in saying that there are not half a dozen representative men in the profession now who are prominently connected with the organization of the Congress."

Dr. F. K. Musser, a very promising young physician of Philadelphia, died recently in that city with cerebro spinal meningitis. At the autopsy a tumor was found at the base of the brain surrounded by considerable congestion.

The Rush Medical College of Chicago, at the close of the present session, will require, as an additional condition of graduation, a course of practical instruction in the laboratory of physiology and pathology.

All the medical schools, in this city, resumed their winter courses of lectures on the first of October. The number of students here this winter will most probably be the largest ever assembled in the city.

The Health Commissioner of this city has instructed the city vaccine physician to enforce a general vaccination or re-vaccination in their respected districts.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U S ARMY, from Sept 29, 1885, to October 5, 1885

Col. F. A. McParlin, Surgeon. Directed to transfer his duties and the public funds for which he is accountable as Assistant Medical Purveyor, to Captain Henry Johnson, Medical Storekeeper, who will, in addition to his present duties, temporarily perform the duties of Assistant Medical Purveyor, New York City.

Major D. G. Cadwell, Surgeon. Ordered from Fort Laramie, Wyoming, to Fort D. A. Russell, Wyoming.

Captain J. H. Bartholf, Assistant Surgeon. Ordered from Fort Ringgold, Texas, to Fort McIntosh, Texas, or duty as Post Surgeon.

Captain Louis Bouchemin, Assistant Surgeon. Ordered from Fort D. A. Russell, Wyoming, to Fort Laramie, Wyoming.

First Lieutenant C. N. B. Macauley, Assistant Surgeon. Relieved from duty at Fort A. Lincoln, Dakota Territory, and ordered for duty at Camp Poplar River, Montana Territory.

First Lieutenant William L. Knudler, Assistant Surgeon. When relieved from duty at Camp Poplar River, Montana Territory, by Assistant Surgeon Macauley, to report to commanding officer Fort Snelling, Minnesota, for duty.

First Lieutenant P. G. Wales, Assistant Surgeon. Relieved from temporary duty at Boise Barracks and ordered for duty at Fort Cœur d'Alene, Idaho.

First Lieutenant C. B. Ewing, Assistant Surgeon. Relieved from duty at Fort Stanton, New Mexico, and ordered for duty at Fort Leavenworth, Kansas.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS. OF THE U. S. NAVY, during the week ending October 3, 1885.

Surgeon William A. Jones to Navy Yard, League Island, Pa., October 15th, as the relief of Medical Inspector M. Bradley.

Medical Inspector, Michael Bradley, detached from Navy Yard, League Island, Pa., October 15th, and placed on waiting orders.

Assistant Surgeon Thomas Owens to Naval Station, New London, Conn., as the relief of Surgeon William A. Corwin.

Surgeon William A. Corwin detached from Naval Station, New London, Conn., and ordered to the U. S. S. "Adams," October 31,

Surgeon A. F. Magruder ordered to the U. S. S. "Yantic," without delay, as the relief of Surgeon H. L Law.

Surgeon H. L. Law detached from the U. S. S. "Yantic" and wait orders.

Surgeon W. J. Simon detached from the Naval Academy, October 1, and wait orders.

Surgeon M. C. Drennan detached from the Naval Academy, October 1, and wait orders.

Passed Assistant Surgeon Arthur G. Cabell to the U. S. S. "Adams," October 31.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE for the week ending Oct. 2, 1885.

Bailhache, P. H., Surgen. Detailed as Chairman of Board for the physical examination of officers of the Revenue Marine Service. September 28, 1885

Vansant, John, Surgeon. Order to New Orleans, La., revoked; to proceed to St. Louis, Mo. October 2, 1885.

Purviance, George, Surgeon. So proceed to Louisville, Ky,. as Inspector. October 1, 1885.

Gassaway, J. M.. Surgeon. Detailed as Chairman of Board for the physical examination of officers of the Revenue Marine Service. October 3, 1885.

Godfrey, John, Surgeon, Order of September 16, amended; to proceed without delay to Louisville, Ky., September 28, 1885.

Goldsborough, C. B.. Passed Assistant Surgeon. Order of September 16 amended; when relieved to proceed to Chicago, Ill. October 1, 1885.

Irwin, Fairfax, Passed Assistant Surgeon. Detailed as Recorder of Board for the physical examination of officers of the Revenue Marine Service, September 28, 1885. To instruct physically, and instruct crews of the Life Saving Service, Third District, in the method of restoring the apparently drowned. October 3, 1885.

Bauks, C. E., Passed Assistant Surgeon, Detailed as Recorder of Board for the physical examination of officers of the Revenue Marine Service. October 3, 1885.

Original Article.

THE SIMILARITY OF THE PHENOMENA OF THE NERVOUS SLEEP, HYPNOTISM, SPIRITUALISM, TO THE PHYSIOLOGICAL ACTION OF CANNABIS INDICA OR HASHISH.

BY A. L. HODGDON, M.D., FARMWELL, VA.

The hashish has long been employed by the Malays as a means of producing a peculiar kind of intoxication, and the estatic state produced by the same undoubtedly bears, in many ways, a close resemblance to the results manifested by inducing the so-called condition, hypnotism. It has been variously classed among the narcotics, &c., by different writers, but the classification made by* Fonssagrioes seems to indicate its character very clearly, viz., primarily classed among the "delirants;" secondarily among the "cannabiques." The beautifully written description by† Professor Wood of the effect produced by a full dose taken by himself, seems to indicate its general action, although, of course, there are many exceptions to the action produced in individual cases.

Hypnotism‡ or the sommeil nerveux of Demarquay (the last term appearing to be the preferable one) with its long line of allied states and synonyms, *i. e.*, catalepsy, mesmerism, and the so-called spiritualistic manifestations made manifest by clairvoyance through the medium of the nervous sleep, which attracted considerable attention when announced by Mesmer about the year 1772.

Alexander Dumas§ gives a glowing account of the doings of one Balsamo or Count Cagliostro, whose preceptor was Althotas, while Carlyle,‖ in describing an effigy of him, writes thus: "Fittest of visages; worthy to be worn by the quack of quacks! A most portentous face of scoundrelism: a fat, snub, abominable face: dew-sapped, flat-nosed, greasy, full of greediness, sensuality, oxlike obstinacy; a forehead impudent, refusing to be ashamed; and then two eyes turned up seraphically languishing, as in divine contemplation and adoration; a touch of quiz, too; on the whole, perhaps the most perfect quack face produced by the eighteenth century. There he sits, and seraphically languishes with this epigraph:

De l'ami des Humanis reconnaisez les traite:
Tous ses jours sont marques par de nouveaux bienfait,
Il prolonge la vie il secourt l'indigence;
Le plaisir d'être utile est seul sa récompence."

Yet there are people to-day, in this enlightened age, who look upon the phenomena of clairvoyance and implicitly believe that spiritual manifestions are produced through the same; the reason they believe it is hard to explain, unless it is, as Dr. Maudsley¶ says: "In like manner, at the so-called spiritual séances, the idea of an event being about to happen will produce in some persons a conviction that they actually see or feel it happen.

"A person of a certain sort of nervous temperament, sitting in the dark for sometime in complete silence, having the feeling of some mysterious agency at work, and eagerly expectant, gets into such a state of mind that he is ready to perceive what he is confidently assured will occur, and perceive it accordingly when what really occurs was perhaps something quite different. The rule of sound observation is that the mind should be free from a pre-conceived idea; the rule of those who call spirits from the vasty deep is that the mind should be possessed by the pre-conceived idea."

There are some phases connected with the nervous sleep that seem at most unexplainable, but in legerdemain as well there are things that puzzle the most acute of observers: for example, in a somnambule, who came under my immediate observation, while in the mesmeric sleep (having the eyes closed), upon being asked the hour (although there was at the time a clock in the room and a watch in the pocket of the sub-

*Principes De Therapeutique Generale. 2d Edition. Par J. B. Fonssagrioes

†Therapeutics and Materia Medica. Wood's.

‡Recheshe sur L'Hypnotisme ou sommeil nerveux par Demarquay et Giraud-Tenlon.

§Memoirs of a physician by Alexander Dumas.

‖Critical and Miscellaneous Essays by Thomas Carlyle.

¶Physiology of Mind. Maudsley.

ject) gave in response the time that was between the time indicated by the clock and that of the watch, it being afterward ascertained that the clock was a few minutes too fast and the watch a few minutes too slow. But upon questioning the subject, who was a very intelligent person, and was not prone to give way to superstition, it was found that he was very good at a guess in reference to the time. Dr. Tuke,* however, gives so many instances in his most elaborate work of the influence of the mind upon the body, that it is scarcely to be wondered at that a party having a firm conviction that he will see something, would after a while have a hallucination; and ever afterward have it engraved upon his mind that he had seen what he had been looking for. But for all who are inclined to look upon the subject in a natural light and not to gaze at the same through the dim vista of the supernatural, they could not do better than read Dr. Carpenter's†† admirable little work.

Now, taking hypnotism as a scientific phenomena, you have in it something more tangible to compare with the action of hemp. We know in the first place that both hypnotism and hemp produce a sense of double consciousness in the person who comes under their influence, both have an anagelsic action, and both, in some degree, an anæsthetic one, both are characterized by a tendency to produce hilarity, and at times pugnacity, while a sense of *bien être* is noticed to be produced by both; a sensation as of an electric current passing through different portions of the body is noticeable in both. The party under the influence of either is largely influenced by his surroundings; and, finally, the action of the hashish corresponds to that of the nervous sleep by leaving no malaise in its wake like one notices so often to follow a dose of opium. Both greatly tend toward the production of catalepsy, one of the phases of the mesmeric state.

Hypnotism has been largely given over to clairvoyants instead of being scientifically investigated to any great extent, while the investigation of the action of hashish has not received the attention it has merited in comparison with other drugs.

**Tuke's Influence of the Mind upon the Body:

††Mesmerism, Spiritualism, &c;, Historically and Scientifically Considered, by William B. Carpenter, C. B., M. D., LL.,D., &c.

Selected Article.

ON THE CORRELATION OF CONSTITUTIONAL AND LOCAL TREATMENT IN GYNÆCOLOGICAL PRACTICE.*

BY THOMAS MORE MADDEN, M. D., F.R.C.S.E.,

Obstetric Physician to the Mater Misericordiæ Hospital, Vice-President of the British Gynæcological Society; Consulting Obstetrician National Lying-in Hospital, Dublin, etc.

Few gynæcological questions better deserve reconsideration than the respective importance of local and constitutional treatment in certain utero-ovarian diseases. Having formerly brought this matter before the Obstetrical Society, I again venture to take part in its discussion, mainly with the view of urging the desirability of conjoining constitutional remedies with the necessary local measures generally relied on in such cases. I need hardly, however, disclaim any intention of undervaluing that topical treatment which, as a gynæcological practitioner and clinical lecturer, I have for several years had daily occasion to employ, and to teach the uses of to others.

This subject, apart from its great practical importance, is also of interest as illustrating the periodicity with which various medical questions, long since debated and apparently settled, after a lapse of time again crop up in new guise, and are re-discussed with all the interest of novelty. To some extent this is probably due to the progress of medical science being now so rapid, that most of us have as much as we can do to keep pace with its almost daily advances, and have little leisure for any reference to the older literature of our profession.

I have elsewhere enlarged on this topic,

* Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Cardiff.—*Brii. Med. Journ.*, Sept. 26, 1885.

and have shown that some of our most valued improvements in gynæcology and surgery, such for instance as the rapid mechanical dilatation of the cervical canal for intra-uterine exploration, or treatment, the local application of nitric acid in uterine diseases, the use of the vaginal speculum, and the employment of anæsthetics before surgical operations, are all instances of the revival of old and disused practices as modern discoveries and improvements.

"For out of the olde feldis, as men saieth,
Comith all this new corne, fro' yere to yere,
And out of olde bokis, in good faith,
Comith all this newe science, that men lere."

Upwards of forty years ago the discussion we are now engaged on was anticipated, and the comparative utility of local and general remedies in uterine disorders was disputed in the medical journals of that time by Dr. H. Bennett, Mr. Acton, and other pioneers of the then infant science of gynæcology on the one side, and Dr. Robert Lee and others, not less strenuous adherents of the older school of constitutional treatment, on the other, with an amount of warmth, somewhat similar to that displayed by some abdominal sectionists of the present day, on any reflection being made on that line of practice in which they excel.

Within the last few years the same subject of contention has been repeatedly introduced on the arena of medical debate. As already mentioned, I was myself responsible for raising a discussion some years ago on the "constitutional origin and treatment of uterine disorders," in the Obstetrical Society. Recently, this question has been handled from a different point of view, by Dr. Clifford Allbutt and others, and lastly, it has again been brought under the notice of the British Medical Association by Dr. Playfair.

I may here observe that it appears an utter waste of time and energy to declaim, even as eloquently as Dr. Clifford Allbutt and Dr. Donkin do, against that prevailing tendency to specialism in all branches of the healing art, of which they seem to consider gynæcology the most reprehensible outcome. This subdivision, in the existing development of medico-chirurgical science, is not only inevitable in all large centres of the population, but is also desirable in the interests of the profession, as well as of the public, by whom it is fairly concluded that physicians confined to a limited field of special practice will probably possess more experience therein than those whose vocation extends equally over every department of the wide domain of medicine, surgery and obstetrics. Under these circumstances, they who now seek to resist specialism in medicine are attempting a task as vain as was Dame Partington's effort to keep back the Atlantic with her broom. At the same time it is equally obvious that no man can ever successfully or efficiently pursue gynæcology or any other specialism, who, as a well-educated medical practitioner, is not thoroughly conversant with the general principles of medico-chirurgical science.

Of all the many subdivisions of medicine, ours is unquestionably the most unstable in its routine practice. Not only does it vary from time to time in this respect in accordance with the progress of the sciences on which it rests, but, moreover, it appears to undergo, at frequent intervals, other changes of a purely arbitrary character. Thus the influence of fashion is hardly more marked in the changing modes of dress of our clients than it is in our methods of dealing with their utero-ovarian complaints, in which we have daily illustration that,

"In physic, as in fashion, we find
The newest has the run of womankind."

Hardly a decade passes in which the practice of gynæcology is not revolutionized by some theory which, however, loudly heralded into existence, has its brief day, and having, perhaps, served its purpose, is as quickly hurried into the limbo of oblivion.

A reference to some of the doctrines which, within the recollection of many of us, have ruled our branch of practice, may serve to show why it is that such misconceptions have prevailed, and to some extent still exist, with regard to the

constitutional and local treatment of utero ovarian disorders. Thus, when I entered the profession, a little more than twenty years ago, Dr. Henry Bennett's theory concerning "chronic inflammation and ulceration of the cervix-uteri" was almost universally adopted. At that time, hardly a female patient whose symptoms could possibly be perverted into any evidence of supposed uterine disease escaped the almost diurnal vaginal examinations and local application to the cervix of nitrate of silver or other escharotics then in vogue.

In this way it was that, in those halcyon-days of early gynæcology, many a practitioner speculated his easy way to fame or fortune. At last, however, this facile line of practice became played out, and the cylindrical speculum and stick of caustic alone ceased to draw crowded consulting rooms. There was started the no less generally accepted, and, perhaps, better grounded doctrine of ortho-uterine therapeutics, acting on which, for the last fifteen years, the followers of Dr. Graily Hewitt have fouud the evidence of some uterine displacement or flexion in every variety of pelvic ailment, and exhausted their inventive fertility in the designing of new pessaries or the remodelling and renaming of old instruments.

This mechanical theory of uterine pathology has not, however, had as undisputed a supremacy as that which it displaced, being interfered with, first, by Dr. Emmet's widely accepted, and, in many cases, well founded, views concerning the influence of cervical lacerations in the causation of uterine hyperplasia; and, secondly, by the revival, in recent practice, of the old doctrine of the ovarian origin of many of the diseases peculiar to women, and their curability by oöphorectomy. The latter idea, originally suggested by Dr. Blundell, was resuscitated by, and has received its fullest development from, American practitioners. Now, however, it has recrossed the Atlantic, and, in the hands of English surgeons, Dr. Batty's operation is at present employed with a frequency, and in cases in which, however great may be the special skill of the operator, its practice appears to be hardly justified either by the necessity for its performance or by its results.

The foregoing summary of the principal theories that have influenced gynæcological practice during the past twenty years, all pointing to different forms of local treatment, all of which, however unquestionably applicable in certain cases,have as unquestionably been pushed beyond their legitimate application, affords, I think, a sufficient explanation of the present general neglect of constitutional remedies, and the undue dependence on mechanical or other local measures in this special branch of practice.

Of the extent to which this is occasionally carried, there can be no question. In my hospital, cases almost daily come under observation in which the patient, having been elsewhere treated locally for supposed endometritis, or for flexions, of which it sometimes happens that I can see no evidence, and in which, I, therefore, think local treatment unnecessary, to the manifest annoyance of these patients, who are apt to be dissatisfied, and consider themselves neglected. Yet, in a large proportion of such cases, by simply paying attention to the general health of the patient, ordering the free topical use of either hot or cold water, and enjoining total abstinence from marital relations, all the symptoms subside, and the invalid regains perfect health, the *mens sana in corpore sano*, far more completely and rapidly than if we subjected the parts to the mechanical irritation of repeated examinations and local treatment, and so aided in keeping up that morbid concentration of the imagination on the supposed seat of the disease, which is so common in gynæcological complaints. Hence, though for many years I have had as frequent occasion as others, in hospital and private practice, to employ topical examination and treatment, I never think of doing so as a mere matter of routine practice; nor, more especially in the case of young unmarried patients, without distinct evidence of its necessity.

Putting aside, for the present, those numerous cases in which local treatment

is obviously indicated, and in which of course it should be unhesitatingly and thoroughly carried out, there remains an almost equally large proportion of gynæcological patients in whose cases the question as to whether local or constitutional treatment, or both, are indicated, fairly arises. These may be divided into three classes. In the first are includable all cases of utero-ovarian hyperæmia, or congestive hypertrophy of the uterus and its appendages. Secondly, in this connection, and generally consequent on the former, are all the obscure cerebro-nervous and hysterical disorders peculiar to women; and, thirdly, are many uterine neoplasms or fibromyomata.

Chronic hyperæmia, leading to hypertrophy or chronic inflammation, or endometritis, as areolar hyperplasia of the uterus was formerly called, deserves special consideration in this connection with regard to its constitutional origin. For, if I can persuade other practitioners to accept the view which clinical experience has impressed on my mind, namely, that the strumous diathesis is a very general predisposing cause of chronic congestive hypertrophy of the uterus, then, as I believe, the treatment of this condition will be materially altered, simplified and improved.

Several years ago, my attention was first called to this point by noticing that amongst the patients brought under observation in the gynæcological department of the Rotunda Hospital, a large proportion were of well-marked strumous habit; in many instances they suffered from unmistakably scrofulous disease of other parts, and others I was able distinctly to trace in the local uterine disorder the influence of an hereditary strumous taint. Since then, the accuracy of this observation has been confirmed by my clinical experience in other hospitals with which I have been and still am connected.

In these cases, the general symptoms, the character of the local complaint, and the nature of the utero-vaginal discharges, were all impressed with the scrofulous type. For whether the cases in question were instances of endo-cervicitis, or congestive hypertrophy of the uterus, with consequent secondary derangements of the utero-ovarian functions, in one and all the hypertrophic congestion was as invidious, in its first encroachment, as chronic in its course, and as obstinate in its resistance to local treatment as is the case with all other local manifestations of constitutional strumous disease. As in other cases of similar origin, congestive hypertrophy of the uterus, more especially when limited to the cervix, is apt to lead to ulcerations which cannot possibly be confounded with the result of the traumatic injuries of this part described by my friend Dr. Emmet, but which unquestionably present a characteristic strumous appearance, being irregularly circular in shape, superficial in depth, pale and flabby in aspect, possessing little natural sensibility, but occasionally angry and irritable, tedious beyond patience when neglected or maltreated, and best cured by the treatment appropropriate to strumous diseases.

Besides scrofula, other constitutional cachexias, such as gout and rheumatism, or more commonly the gouty or rheumatic diathesis, as well as neuralgia, must also be recognized as frequent causes of chronic uterine disorder.

Another not uncommon constitutional cause of uterine disease is syphilis. For although primary syphilitic ulcerations of the cervix uteri are somewhat exceptional, and may be readily recognized by the well-defined, excavated, and hard character of the sore, and the history of the case, secondary syphilis is very frequently traceable as the cause of chronic uterine disorder, manifesting itself by superficial abrasions of the mucous membrane, uterine catarrh, and hypertrophic congestion of the cervix, which, in such cases, presents a peculiar piebald vitreous hue.

All these symptoms, however, may also occur without syphilitic disease, and in doubtful cases, the diagnosis will be greatly aided by the history of the case; whether the patient has ever suffered from a primary sore on the external genitals, or from any suspicious cutaneous disease or form of ulcerated sore-throat; or, when none of these symptoms

can be traced, by the fact that the person has repeatedly aborted, or given birth to immature and putrid children. Under such circumstances I should never hesitate to regard any obscure uterine disease as syphilitic, although I should be very cautious in imparting my diagnosis.

The constitutional symptoms of chronic congestive hypertrophy of the uterus, and of the peri-uterine lesions with which this is generally associated, point very clearly to the necessity for something more than merely topical treatment in such cases. In nearly every instance of this kind, there is some marked derangement of the digestive functions, the appetite is impaired or capricious, the bowels are torpid, the intestines are distended by flatulency, which is especially troublesome after food, and a sick stomach is frequently complained of.

Cardialgia, palpitation, and pain in the left submammary region are occasionally symptomatic of uterine disease. In such cases, the patient generally seeks medical advice under the impression that she is suffering from heart disease, and will hardly allow any reference to the uterus as the seat of her complaint. In fact, the majority of instances of supposed cardiac trouble occurring in females, and especially when any evidence of hysteria can be detected, may, *a priori*, be set down to chronic uterine hyperplasia, on the cure of which all the cardiac symptoms will subside.

The same observation applies to the chronic and intense headaches to which women suffering from congestive hypertrophy of the uterus are peculiarly subject. Similar connection between this condition and various forms of ophthalmic disease has been recently demonstrated as a fact beyond controversy by Mr. Fitzgerald and other oculists.

The effect of chronic uterine disease on the general health and condition is manifest. As the local complaint progresses, the patient loses flesh, becomes pale, sallow, or cachectic, her personal appearance being thereby, after some time, invariably altered for the worse. Her appetite is unhealthy, her tongue furred, and her breath offensive. She is weak and languid, and cannot take exercise without fatigue. The mind soon begins to sympathize with the body, and the patient becomes nervous, desponding, excitable, anxious, or irritable to the verge of insanity.

The constitutional influence of long-standing utero-ovarian disorders, functional or organic, and consequently the necessity for constitutional as well as local remedies in their treatment, is strikingly evinced by the general concurrence of gynæcological complaints with nearly every variety of cerebro-nervous derangement to which women are liable, from the most trivial manifestations of hysteria to the gravest forms of cerebro-nervous disease, namely, insanity and epilepsy.

Of the certainty of this connection there can be no question. Thus, in one of the hospitals to which I am attached, upwards of 30 per cent. of 5,000 patients treated in our gynæcological department during the past seven years, suffered from some nervous derangement which, on examination, was found traceable to reflex irritation of utero-ovarian origin, on the removal of which, by appropriate local and constitutional treatment, the secondary or nervous disturbance generally subsided.

In such cases, our primary care should be the removal, by either local or constitutional treatment, of any ovarian or uterine disease, or uterine displacement, of which the nervous disorder is symptomatic. In the majority of the complaints under consideration, local treatment is only necessary for the purpose of rectifying some well-marked flexion or displacement of the uterus. Foremost amongst the remedies by which we may hope to diminish the morbid nervous susceptibility or perverted molecular activity of the nerve-centres in hysterical cases, are the various bromides, and nerve tonics, such as the valeriates of zinc and quinine. Mere hypnotics, such as hyoscyamus and chloral, are of comparatively little value; and narcotics, particularly opium and its alkaloids, are generally worse than useless for this purpose.

In instances of hysteria, connected with amenorrhœa, ferruginous tonics may be prescribed in accordance with

the special requirements of the case. If the patient's circumstances admit it, a trial should be made of some foreign chalybeate water taken at the source, and preference should be given to a distant spa.

The curative effects of change of climate, and the utility of mineral and thermal waters, although obvious in all chronic complaints, are in none so marked as in the nervous and hysterical mental disorders connected with chronic utero-ovarian disease. In such cases, by the very journey to a distant health resort, the patient has the benefit of change, not only of climate, but also of occupation and habits of living. The new scenes and variety of places suggest new thoughts, by which the attention of the hysterical and often semi-insane victim of chronic uterine disease is diverted from her morbid and exaggerated sensations, and, ceasing to dwell on her complaints, they gradually cease to trouble her.

It may be again observed that no cases so much demand the exercise of the highest qualities of the physician as the treatment of the nervous and mental complications of disease or functional derangement of the female reproductive organization. In such cases, the gynæcologist must rise above a narrow specialism. He must primarily remove the local disease or displacement, or restore the normal state of the disordered function, of which the nervous or mental disturbance is the result; but in doing this he must, as far as possible, avoid increasing the existing vaginal, uterine, or ovarian hyperæsthesia, by any local treatment which is not absolutely indispensable.

In the treatment of the perverted mental conditions which have been referred to in the preceding observations on the hysterical complaints associated with sexual disorders, the physician should strive to act upon the moral as well as the physical constitution of his patients. He must insist on healthy occupation of mind as well as body; and fit the latter for this by appropriate remedies called for by the special exigencies of each case. If the nervous derangement be consequent on disordered menstruation, this must be, if possible, restored to its normal functional activity. If it results from undue or premature stimulation of the sexual organs, he should point out clearly the physical and moral evils consequent on such abuses.

Scrofula, although the most frequent, is, as has been just observed, by no means the only predisposing constitutional cause and accompaniment of the diseases we are discussing, and hence, in a large number of cases, we must have recourse to other constitutional treatment to alter that morbid state of the system which is the remote cause of the existing uterine congestion or hyperplasia. This must be effected by a modified anti-strumous regimen and treatment, conjoined with rest, tonics, and sedatives, as well as the local use of baths or injections, caustics, astringents, counter-irritants, or local depletion, and above all, the administration of any supposed specific remedy that may be indicated by the special requirements of each case. Thus, in cases of gouty origin, the preparation of colchicum, and alkaline remedies, especially the mineral waters of Vichy, may be employed; in rheumatic uterine disease, iodide of potash should be resorted to; in that dependent on constitutional syphilis, the remedies appropriate in other venereal affections must be tried; and, in neuralgic uterine complaints, our chief reliance will be placed on the preparations of quinine and iron.

As a rule, chronic congestive hypertrophy of the uterus, whether limited to the cervix, or affecting the entire organ, when not of scrofulous origin, requires the administration of mercury, which is best given in the form of small doses of the perchloride—one twenty-fourth of a grain three times a day, in the tincture or infusion of bark.

The prevailing type of chronic uterine complaints, like that of all other general diseases of the present time, is essentially asthenic, and requires the administration of tonics in almost every instance, and more especially the preparations of steel, iodine, and quinine, combined, when circumstances admit of it, with change of air and mineral waters.

The curative effect of change of climate, and of mineral and thermal

waters, in cases of chronic uterine diseases, as well as in other disorders, is a subject on which I may with some confidence speak, having given my attention to it during several years of travel and clinical observation in the health-resorts of the Continent and the Mediterranean, as well as at the spas of Germany, France, and Italy, of which I have published the results in my works *On Change of Climate* and *The Health-Resorts of Europe and Africa.*

No class of remedies is so useful and so generally appropriate in all chronic uterine diseases as mineral and thermal waters used at their sources, and hence conjoined with change of climate. The use of the waters is not the only service which a patient suffering from a chronic uterine disease derives from a visit to some continental spa. The journey to the foreign watering-place, as already observed, involves a change of air, occupation, and living. But, entirely apart from the happy moral effect produced by a change from the routine drugging and dosing of an English valetudinarian lady's accustomed mode of life which takes place when she leaves home for the gayer atmosphere of any of the German *Brunnen*, or French *salles dis eaux*, or even the comparatively sombre existence of an English watering-place, the action of certain mineral and thermal waters on many of the diseases of women produced by hyperæmia or congestion of the womb is unquestionable.

Three distinct classes of mineral waters may be used in the treatment of these complaints. The first are the iodated and bromated saline springs, the "iod-und-bromhältige Kochsalzwässer," containing iodine and bromine, generally in the shape of bromide of manganese and iodide of sodium dissolved in a muriated saline water. Springs of this kind are seldom thermal. The most important of these iodated or bromated spas are Wildegg, Kreuznach, and Salzhausen. These waters stimulate the action of the mucous membranes, promote absorption, occasion ptyalism and diuresis, quicken the appetite, and act as powerful resolvents on all glandular enlargements, hence their efficacy in the treatment of the diseases of women produced by chronic uterine hyperæmia.

The second class of mineral waters applicable to the treatment of the diseases now under consideration are the chalybeates, both simple and saline. The action of the simple chalybeates is tonic and stimulant in proportion to their strength, exciting the nervous, circulatory, and digestive functions, and, at the same time, improving the quality of the circulating fluid, by increasing its fibrine and red corpuscles. Hence these springs are specially adapted for the treatment of chronic local hyperplasia of the cervix uteri, and uterine or vaginal leucorrhœa, associated with anæmia, as well as in the constitutional debility and loss of tone so frequently produced by, as well as conducive of, chronic uterine irritation. Chalybeate waters also exercise a marked curative action in cases of hysteria dependent on these causes, as well as in certain instances of sterility. The principal simple chalybeate waters suitable for such cases are Spa, Ems, and Schwalbach.

The saline chalybeate springs, according to my experience, are particularly serviceable in the chronic uterine disorders so commonly caused in European women by tropical climates, and especially by long residence in India. These springs generally contain the salts of soda in combination with iron, and, amongst them, those most suitable for the cases we are now considering are the Sthalbrunnen of Homburg, Franzensbad, and, at home, Tunbridge Wells and Cheltenham.

Sulphurous mineral waters are the third class which I regard as applicable for the treatment of the uterine diseases above referred to. The activity of such springs is mainly influenced by their temperature. All thermal sulphurous waters are strongly stimulating, acting on the nervous as well as on the vascular system, and can only be safely used in cases where there is no tendency to hæmorrhagic disease. The warm sulphurous waters available for the treatment of chronic congestion of the womb are Schinznach, Aix-les-Bains, Eaux-Bonnes, and Amelie-les-Bains. Cold sulphurous

waters may also be employed in some cases of the same kind, and are far less stimulating than the thermal water of the same class. We possess, in these countries, two of the most powerful cold sulphurous waters in Europe, namely, those of Harrogate and Lisdoonvarna, which may as advantageously be used in many cases of chronic uterine diseases as any of the Continental spas of the same class.

Whenever uterine and ovarian dysmenorrhœa, pain, or any other evidence of active local congestion is present, there is no remedy of such universal applicability as the prolonged use of warm or tepid baths. Nature has given us a wide choice of such baths, suitable for almost every form of chronic uterine and ovarian disease, in the natural thermal springs, of which we have at home, perhaps, the most generally useful in these cases, namely, the waters of Bath. The waters which are used for this purpose are generally so feebly mineralised as to lead many to suppose that their effects are due to their mere temperature.

Be this as it may, however, the fact remains that thermal waters exercise a remarkable sedative action on the nervous and vascular systems. Under their use, the frequency of the pulse is diminished, pain insensibly disappears, and nervous irritation is gradually allayed. Effects such as these point them out as especially suitable for cases of chronic uterine disease, leading, as is generally the case, to general as well as local hyperæmia, together with more or less hysteria or nevous irritability. Under these circumstances, the effects of prolonged immersion of the body for hours together, in water at the temperature of from 87° to 98°, is peculiarly sedative. The spas which are employed in this way, and from which I have seen most advantage in cases of uterine diseases, are those of Pfeffers, Schlangenbad, and Wildbad. To be of use, these thermal baths must be employed for long periods at a time, though it would be hard to persuade ladies of the present day to remain in their baths as long as was formerly the case at Pfeffers, when, as an old author assures us, they remained in the water for whole days together: "Multa dies noctesque thermis non egredientum; sed cibum et somnium in his capium."

Besides these, the thermal arseniated waters of Royat, Mont Dore, and St. Nectaire, in the volcanic district of Auverge, may be used in uterine disorders of scrofulous or neuralgic origin. The warm mineral waters of St. Sauveur, in the Eastern Pyrenees, which, in addition to their high temperature, contain a large amount of their peculiar pseudo-organic unctuous substance termed "glairine" or "barégine," have a well-established reputation in France in the treatment of scrofulous, rheumatic, and neuralgic affections, as well as in hysteria, leucorrhœa, and other complaints peculiar to women, resulting from chronic uterine disease.

With regard to the correlations of local and constitutional measures in the treatment of uterine fibro-myomata, I may venture to add a few words. By the majority of gynæcologists no dependence whatever is placed in anything but operative procedures in such cases. For my own part, I am as sensible of the importance of the surgical treatment of uterine tumors, as any other surgeon can be, having had frequent occasion to resort, in such cases, to operative procedure, whether by hysterectomy, or preferably by that improved method of enucleation, the utility and advantage of which, in all appropriate cases, I have elsewhere endeavored to demonstrate. Still, I cannot but think that the passion for acquiring character in this branch of operative surgery is one that requires restraint, rather than encouragement, at a time when operations of the gravest kind, such as hysterectomy and oöphorectomy, are apparently so lightly undertaken. The boldness and dexterity described by the classic writer, with whom doubtless modern surgeons are familiar, the "manu strenuâ, stabili, nec unquam intermiscente; animo intrepidus, immisericors," are all very well in their way, but, in my humble opinion, there are other qualities, namely, judgment, prudence, and patience, which are no less necessary for the welfare of those committed to our care. And hence it should

not be lost sight of that in many cases of fibro-myomata operative treatment is by no means as indispensable as it is generally considered; and, moreover, that in some cases, however otherwise desirable such operations might be, they are either not feasible or may not be submitted to.

It is therefore important to know that, notwithstanding the incredulity even of Mr. Lawson Tait and Dr. Bantock, we may frequently be successful by purely medical treatment in tiding patients suffering from myomata over the dangers that otherwise await them before the occurrence of the menopause, when some arrest in the development of the disease, or some abatement of its most formidable symptoms, may naturally be anticipated. I shall, therefore, here briefly recapitulate the principal purely medical remedial measures which I have elsewhere more fully described, and the utility of which, in many cases of uterine fibro-myomata, have been proved by clinical experience.

The most prominent symptom of fibro-myomata, especially if submucous, an doccurring before the menopause, being uterine hæmorrhage, the arrest of this must be a primary object of treatment. For this purpose, the patient should be kept at perfect rest from the time when the recurrence of the hæmorrhage is expected until the menstrual period has completely passed over. In the way of medicine, sulphuric acid, with liquor ergotæ, or Dover's powder and gallic acid, may be given, or hazeline may be tried. In any serious case of hæmorrhage thus caused, however, it will be better at once to resort to the only reliable styptic remedy for such cases, namely, the free hypodermic use of either ergotine, or, preferably, of the ordinary liquor ergotæ. During the past eight years I have employed either liquor ergotæ or ergotine in this way in nearly every case of this kind treated in my gynæcological wards, and I have no hesitation in saying that we may generally thus control any hæmorrhage caused by uterine fibro-myomata. Moreover, by the continued employment of these hypodermic injections in some instances, such a marked diminution in the size of the tumor may be occasioned as to render further treatment unnecessary.

Amongst the means by which the congestive hypertrophy or general areolar hyperplasia of the uterus, always attending the development of fibro-myomata, may be diminished, and thus the consequent hæmorrhage be lessened, none are so invariably beneficial as the persistent and judicious use of hot water uterine irrigations or injections. For this purpose, the cervical canal must be previously dilated, and the irrigation persistently employed, not only at regular intervals, but also for a lengthened period on each occasion.

Our second therapeutic aim, in such cases, should be to stimulate the activity of the local absorbents, so as, if possible, to induce diminution of the tumor.

Foremost amongst the remedies available for this are iodide of potassium and small doses of tincture of iodine. Chloride of calcium, or the old solution of the hydrochlorate of lime of the Dublin *Pharmacopœia*, has again come into favor in such cases, and probably acts by inducing a certain amount of calcification, and consequently diminished vitality in the neoplasm. By far the most useful, however, of all drugs in such cases, is iodide of potassium, given in as large doses and for as long a period as it can be safely administered. I have had so many proofs of the diminution in size thus caused in large myomata, in patients of otherwise robust constitution, that I can only account for its failure in the hands of other practitioners from its injudicious administration in persons of broken-down constitution, or in cases otherwise unsuitable.

Lastly, I may again here observe that in cases of uterine myomata in which, for any reason, operative interference is not available, we may possibly succeed in arresting the development of the disease by sending our patient to a suitable iodated or bromated spa, such as Kreuznach, or by the conjoint internal administration and external use of this water.

As this paper has reached a greater

length than was intended, any further reference to the manifold correlations of constitutional and topical treatment in other gynæcological complaints must be here omitted. I may, however, add that if, in the course of the foregoing observations, I may have seemed to lay undue stress on constitutional measures in the management of various diseases peculiar to women, this is merely because the value of remedies is too generally ignored, the possible utility of constitutional treatment being now almost crowded out of notice by the attention given to mechanical expedients for the correction of flexions or displacements, or other more recent forms of local uterine therapeutics. Therefore, whilst the importance of each of these, in all appropriate cases, is manifest and unquestionable, I may, in conclusion, again venture to point out that those gynæcologists who, in conjunction with whatever local measures that may be found necessary in the special cases with which they have to deal, also at the same time most fully avail themselves of the resources of constitutional treatment which I have already indicated, will, generally, best succeed in curing their patients—*cito, tute, ac jucunde.*

Society Report.

SPECIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND TO TAKE ACTION IN REGARD TO THE DEATH OF THE LATE PROFESSOR RICHARD McSHERRY, M.D.

A special meeting of the Medical and Chirurgical Faculty of Maryland was held on October 10th to take action in regard to the death of Professor McSherry. The meeting was called to order by the President, Dr. John R. Quinan, who made the following eulogistic remarks:

Gentlemen of the Faculty:—Without being privileged to claim an intimacy with our late distinguished colleague for as long a period as some of you enjoyed, yet I have known him sufficiently to have acquired a profound respect for his talents as a physician and a loving regard and admiration for him as a man.

My first acquaintance with him began twenty-seven years ago, when I met him at my father's (whose family physician he was) in attendance on my brother. I am also myself indebted to him for his skilful and kind attention to me during sickness, and since my removal to Baltimore, in 1869, I have had frequent occasion for his professional aid and counsel, and every interview has only deepened my appreciation of his talents, skill and worth.

In a cooler mood and with feelings less agitated by a sense of our recent loss, I should take interest in tracing his long and brilliant professional career—from the time he sailed in the "Constitution" and gathered his varied observations of disease in every country and clime, to the day when he followed the fortunes of Gen. Taylor through the Everglades of Florida, and again Scott, to his bloody but triumphant march to the City of Mexico—the record of which he has embraced in "El Puchero," a book that can still be read by lay and professional readers with profit and pleasure.

Again we would like to follow him into his civil practice and eminently successful pursuit of his profession in Baltimore from 1851 till his death. We would recall the solid wisdom of his instruction in the Chairs of Materia Medica and of Practice in the Maryland University, and the dignity with which he graced the highest office in your gift, the Presidency of this venerable Faculty; but I leave this portraiture to another occasion and to some abler hand. Enough for us to-day to feel assured (as all must do who knew him) that his biographer, however critical, will find his subject faithful to his trust in every position he has filled, and entitled to the verdict, which is but the echo of our own hearts to-day, "Well done good and faithful servant." To-day, my feelings prompt me rather to dwell on his virtues as a man; on those individual traits of character that endeared him most to those who knew him best.

Inheriting the blood of the Calverts on the one side, and the stern principles and fervid patriotism of a Revolutionary sire

on the other (for I am a full believer in the inheritance of both mental and physical qualities), he seemed to unite in his own character and manners, the gentle courtesy of the one ancestor, with the courage and unflinching firmness of the other. He was truly a brave Christian gentleman, a very Bayard, "without fear and without reproach," and recalled to me Wordsworth's portrait of the "Happy Warrior,"

"Who doomed to go in company with Pain
And Fear and Bloodshed—melancholy train—
Turns his necessity to glorious gain,
More skilful in self knowledge, even more pure
As tempted more; more able to endure
As more exposed to suffering and distress,
Thence also more alive to tenderness;
But who, if he be called upon to face
Some awful moment to which Heaven has joined
Great issues, good or bad for humankind,
Is happy as a lover, and attired
With sudden brightness as a man inspired,
And through the heat of conflict keeps the law
In calmness made, and sees what he foresaw.
He who, though thus endued as with a sense
And faculty for storm and turbulence,
Is yet a soul whose master bias leans
To homefelt pleasures and gentle scenes,
Who while the mortal mist is gathering, draws
His breath in confidence of Heaven's applause."

Such was our friend. and to his name we pay the willing homage of our hearts to-day. Brothers, if we cannot claim his talents, let us emulate the example of his virtues and his life.

On motion, a committee of five was appointed to draft resolutions and to report at this meeting.

The Committee, consisting of the following gentlemen, Drs. S. C. Chew, C. Johnston, F. E. Chatard, Jr., Thos. Latimer and Thos. Murdoch, presented the resolutions which were offered by Dr. S. C. Chew in the following words:

Mr. President and Gentlemen of the Faculty:—In presenting the resolutions prepared by your Committee, I desire to say a few brief words prompted by the relations of close personal friendship which existed for many years between Dr. McSherry and myself. These relations have now become memories, and all the more valued and cherished memories from the fact that they were a transmitted heritage, the continuation of a long and cordial intimacy between Dr. McSherry and his immediate predecessor in the Chair of Practice of Medicine in the University of Maryland, my father. It was my privilege and my pleasure to know Dr. McSherry very thoroughly, both in professional and personal intercourse. As a physician he was distinguished by the quality of judiciousness which made him a good and safe practitioner. He was eminently conservative; and while always willing to give fair trial to whatever of new might come with good credentials, yet he never allowed himself to be swayed either as to methods of practice or the use of individual agents, by those waves of medical opinion which so often show to the educated intelligence that they are transitory and delusive. As there are many present who will agree with me in this estimate of his professional abilities, so there are some whose opportunities of knowing him were such that they can confirm my statement that as to his personal character Dr. McSherry was among the best of men. He was eminently a pure-minded and a charitable man. In my long acquaintance with him I never knew him to entertain a sentiment or utter a word of unkindness towards anyone. Through life he was governed in all his dealings by a truly Christian spirit; and his acceptance of Christianity was not only an intellectual conviction of its truth; it was that, as I know from very many conversations with him upon the subject, but it was something more than that. It was the guiding, actuating principle of his life, and he furnished another illustration of the truth, which has been set forth by the examples of many noble members of our profession, by Laennec, by Trousseau, by Couvelhier, by Paget, by Clark, and by a multitude of others, that there is no antagonism between the spirit that is occupied with the truths of physical science and the spirit which bows submissively and adoringly before the throne of God.

Your Committee would offer the following resolutions:

Resolved, That the Medical and Chirurgical Faculty of Maryland, assembled to take action in regard to the death of their late fellow-member and

former President, Dr. Richard McSherry, are profoundly conscious of the loss sustained by themselves as a Faculty, by the medical profession and by the whole community.

They would express their deep appreciation of those endowments and qualities of Dr. McSherry, which made him a judicious and conscientious practitioner, a wise and able counsellor of his professional brethren, a valued and beloved friend.

While lamenting that he has been removed from the sphere of his faithful labors, they recognize the fact that the calm and peace of his closing hours, were the fitting end of his well-spent and noble life.

Remarks of Prof. Christopher Johnston in seconding the resolutions:

Mr. President:—In seconding the resolutions of your Committee, I cannot allow the occasion to pass without giving expression to the deep sorrow which fills my heart at the loss of our distinguished, revered and beloved brother and colleague Professor Richard McSherry. He is gone, we see no more his venerable form and kindly face, but the example of his virtues will endure as long as memory holds her seat.

It was my privilege to have enjoyed the acquaintance and friendship of Dr. McSherry for about twenty-five years, a period equal to the length of life of many gentlemen here present to-day. In all that time I had constant opportunities for observing his earnestness and assiduity, his ability as a practitioner and as a teacher of medicine, the vigor of his mind, the variety of his attainments, the fidelity of his friendships, and the scorn with which he regarded all that is equivocal or base. I also was familiar with the directness of his action and the uprightness of his character, with the simplicity and dignity of his demeanor, and the wisdom and purity of his life. Thus the picture that I have sketched corresponds with that drawn by the mover of the resolutions before you, and you must feel that it is correct; but if I should add anything to what I have said concerning our deceased brother I would apply to him one of the most beautiful of the beatitudes: "Blessed are the pure in heart for they shall see God."

Dr. W. C. Van Bibber's remarks:

In advocating the passage of these resolutions which have been offered, Mr. President and my brethren, permit me to say that, although they well express our feelings for the moment, yet, the death of an old and tried friend, like Dr. Richard McSherry, brings other feelings which words alone cannot express.

We were reminded by the Rev. Orator at the altar yesterday that nothing which can be done by us here can in any way effect him now.

In the religious view which he took at the interment of his remains, we can pray for his immortal soul, and this I trust we have done, and will continue to do; but for ourselves, individually and collectively, as in this society, of the interests of which he was always an ardent promotor, we may be benefitted and strengthened in our lives by holding up a mirror before him as he walked among us. And whilst looking upon it, let me describe briefly some of the reflections to be seen there, and some of the impressions which his life has left with us.

Dr. McSherry was not an ordinary man, and his friends will ever delight to dwell upon his memory. Fresh as that memory is now, and vivid in our midst upon this floor, let me endeavor to engrave it deeper into the minds, and to lay an humble flower upon his grave which will bloom before us as long as we may live.

If we do not cherish the memory of our good and great men our society will be recreant to its intention and loose in its interest.

My first acquaintance with Dr. McSherry was nearly two-score years gone by, and since that time, but few weeks have passed in which we did not see each other in some way or other. I now feel the void, and no doubt as many of you do, feel as if strength was taken from us, and that honor, professional aid and cooperation had been removed.

It is not given to all men to dazzle others with achievements which a few do accomplish. It is not the lot of all to leave behind them a fame which spreads wide and long. Neither can every man truly say, or absolutely believe, that his particular profession or calling in life, whatever that may be, has been materially and wonderfully advanced by his labors; but of Dr. McSherry it may be said that both in professional and private

life his teaching was for true advancement, and his example manly and ennobling.

As a teacher of medical science, both public and private, he taught no original error for individual advancement, nor claimed knowledge which he did not possess. But in teaching those students who were entrusted to his care, he was careful in selecting his subjects, and always advocated industry and the training of the mind for future useful study. He taught no false doctrine knowingly, but had a talent for sifting the good from the bad, the useful from the worthless, the practical from the impossible, the genuine from the fictitious. In his own particular branch he excelled in reconciling the differences amongst authors upon disputed points, and delighted to show his pupils the most prominent points and parts in the diagnosis of disease.

So plain and exact was he as a teacher, so conscientious and painstaking, that his lectures sometimes lost in interest and brilliancy when, even by some equivocation, he might have made them more attractive and remarkable.

If these were some of Dr. McSherry's distinguishing marks as a public and private professional teacher, the example he has left us in private life is yet more prominent. He was a man upright and honest and always to be depended upon, and never to be doubted. One whose aim was for good and never for evil, whose happiness was to contemplate virtue and to reprove vice. He was one whom we shall all miss and for whom we shall ever grieve, but whose life and example it will always be a pleasure and an advantage to us to recollect.

Professor W. T. Howard's remarks:

Mr. President:—I cannot permit this solemn scene to pass away without laying an humble leaf upon the bier of my late eminent colleague and warmly-cherished friend. For eighteen years we taught in the same school of medicine, and I have had numerous opportunities to know him well. Always and everywhere he was the *model gentleman* high above all chicanery and tricks in and out of the profession, open-hearted and open-handed. In the wide field of his usefulness and toils, he had few equals among us. Of vast and varied opportunities for observation and study over nearly the whole civilized world, he had acquired an immense amount of valuable information not only in his chosen profession but in general literature and scientific culture. As a friend he was true and firm under every trial, and his genial smile and his intellectual face will long irradiate the memories of all who knew him well and enjoyed his confidence. His life was a beauty to behold and a blessing to regret.

Dr. T. A. Ashby's remarks.

Mr. President: — I desire to add my humble tribute of respect to the memory of Professor McSherry, and to endorse the beautiful and appropriate words and sentiments which have been expressed by the gentlemen who have preceded me. My acquaintance with Professor McSherry began soon after I came to this city as a student of medicine, and when I was entirely without friends and acquaintances in the medical profession of Baltimore. He soon became my warm and generous friend, and I enjoyed his friendship until the day of his death. He freely gave me his advice and counsel in all matters of professional duty and in many other of the relations of life. I learned to love him devotedly, and in his death I feel that I have lost a friend in deed and a friend in truth.

Nitrate of Amyl in South American Intermittent Fevers.—In a paper on nitrate of amyl in *El Ensayo Médico* of Caracas, Don José Sosende says that in intermittent fevers, if administered in the first stage, it certainly stops the cold stage, and that when the hot stage comes on, followed by sweating, it brings the pyrexia to an end. It is, however, by no means to be looked upon as a specific, or as a substitute for quinine, though it has the power of controlling the most distressing symptoms of these fevers.—*London Lancet*, May 16th.—*Analectic*,

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Editorial.

THE LATE PROESSSOR MCSHERRY.—In the last issue of this JOURNAL we were called upon, at the most unexpected moment, to announce the death of Professor Richard McSherry, of this city, and elsewhere in the present issue we are permitted to record the sorrow which his death has created among his many friends, and the expressions of esteem and regard in which his memory is held by those who were intimately acquainted with his life and character. It is our pleasure and duty to add our humble tribute to the memory of this much beloved and truly good man and physician. Professor McSherry was no ordinary man. He was richly endowed with natural gifts of mind and character, which were cultivated and adorned with virtues of the highest order. His life was a living example of gentleness, patience, industry and earnestness. He moved through the world living the right and doing the good. His mind and heart were always working in accord. He was always the same genial and considerate friend and adviser, the same courtly and noble-hearted gentleman. His sympathy and kindness were proverbial. Those who were permitted to enjoy his confidence and respect can recall the purity of his nature, the refinement of his sentiments and the nobility of his heart. His affections were warm and inspiring, and his influence upon his associates was both stimulating and encouraging. He was a man of broad and liberal views, and he saw in life the wisdom and philosophy of a well-ordered mind and a pure heart. As a man he was endowed with a large humanity and benevolence. As a physician he possessed a broad cultivation and a commanding charity. Few men have lived to better purpose than our deceased friend, and few have entered into the valley of death more lamented and regretted. He has passed into rest but his memory is an heritage to his freinds which will not be effaced until they too have been gathered to their fathers. How appropriate are the words of the inspired writer in respect to this good man: "And I heard a voice from heaven, saying unto me, Write, Blessed are the dead which die in the Lord from henceforth: Yea, saith the Spirit, that they may rest from their labors; and their works do follow them."

THE LIVER AND ITS FUNCTIONS.—There is no organ of the body which has been so abused and maligned as the liver. Its functions have at various times been wholly misinterpreted, and its pathological conditions have been entirely misunderstood. It has been so customary to refer all disorders of digestion to derangements of the hepatic function that many old women and semi-educated doctors pour all of their maledictions, as well as their remedies, into the lap of this organ. With the growth of physiological science many of the popular fallacies about the liver are yielding ground to more rational views. The functions of the liver have, within the past few years, been most carefully studied, and our knowledge of its behavior, in health and in disease, has been largely advanced. The liver occupies an important position with regard to the economy. It has been designated as a porter or doorkeeper to the circulation to prevent the entrance of substances absorbed from the intestinal canal which may prove poisonous to the economy. It has been shown by Ludwig, and other experimenters, that the

peptones are poisonous when injected directly into the circulation, and that the liver therefore seems to have the function of destroying the poisonous properties of peptones, and perhaps of other substances produced during digestion. The liver has the power of converting the peptones into sugar and glycogenic substance. It is probable also that the poisonous products of tissue waste are neutralized or rendered harmless to the economy by their passage through the hepatic circulation. The importance then of the liver as the doorkeeper to the general economy should not be undervalued and the conditions which may influence its functions are entitled to eminent consideration.

The liver is affected in three ways by drugs, which, for convenience, are divided into hepatic stimulants and chologogues, and into hepatic depressants.

For a long time hepatic stimulants and chologogues were considered to be identical. It is now well-known, says Dr. Brunton,* "that bile is formed in the liver and not simply excreted by it from the blood, and that bile formed in the livér may again be absorbed into the blood. Increased functional activity of the liver might thus lead to the presence of a greater instead of less quantity of bile in the blood."

Experiments have shown that one of the best chologogues which we know of, calomel, appears rather to diminish than to increase the secretion of bile. A distinction must therefore be drawn between those remedies which increase the action of the hepatic function and those which favor or promote the elimination of bile through the gall-duct. In other words, we must distinguish between hepatic stimulants and chologogues, for the former agents increase the functional activity of this gland and the amount of bile it forms, whilst the latter drugs, through some irritating effects upon the intestines, favor the removal of the bile, and possibly thereby prevent its re-absorbtion into the circulation.

Hepatic depressants are drugs which lessen the quantity of bile secreted by the liver.

Dr. Brunton states that whilst we are still imperfectly acquainted with the functions of the liver, we may say that there are at least five. Firstly, to form and store up glycogen, a material which will afterwards be used in evolving heat and muscular energy; it will thus, as it were, perform the office of a coal-bunker to the body. Secondly, to secrete bile for use in digestion. Thirdly, to excrete bile. Fourthly, to destroy peptones, which are poisonous when they are directly introduced into the general circulation and to convert them into glycogen, etc. Fifthly, to destroy or store up and excrete other organic poisons which may have been formed in the alimentary canal during the process of digestion or may have been introduced into it from without.

These functions are influenced by a number of drugs, so that to secure the performance of any one or all of them we have at our command certain agents which may be employed to greater or less advantage.

It has been observed that phosphorus, arsenic and antimony all destroy the glycogenic function, and attempts have been made to utilize this fact in the treatment of diabetes. Among the hepatic stimulants may be found dilute nitro-hydro-chloric acid, aloes, podophyllin, colchicin, colocynth, etc.

Those drugs which stimulate the intestine much, as a rule, increase only slightly the secretion of bile by the liver. Podophyllin is an illustration of this fact. In small doses it acts as a powerful hepatic stimulant, but ceases to have this effect when it produces marked purgation.

Schiff found from experiments that immediately after the bile duct was tied the secretion of bile was very much increased, which, on further investigation, he found was due to the fact that the liver has a double function; it not only forms new bile, but re-excretes the old bile which has been re-absorbed from the intestines. This absorption and re-excretion takes place with great rapidity.

*Pharmacology, Therapeutics and Materia Medica. By T. Lauder Brunton, M. D., D. Sc., F. R. S. Lea Bros. & Co. 1885. Page 348.

From this fact it is obvious that an hepatic stimulant which simply increases the secretion of bile by the liver will not itself act as a chologogue. In order to obtain the removal of bile from the intestine and thus prevent its re-absorption the peristaltic action of the intestine must be increased and an increased secretion of intestinal mucous must be promoted so as to wash out the intestine. The practical illustration of this fact is shown by the administration of a mercurial pill followed by a saline purgative.

In order to secure a successful removal of bile from the gall-bladder and intestines it is generally advisable to combine hepatic and intestinal stimulants. In this way a more complete chologogue effect is produced. Calomel has long been recognized as one of the most powerful chologogues which can be employed. It is supposed to act by having a peculiar stimulant action on the duodenum and ileum and thus to hurry the bile along the intestine and prevent its re-absorption.

The secretion of bile takes place under very low pressure so that a very slight obstruction in the gall-duct, as for example, a catarrh of either the duct or duodenum, is sufficient to cause its accumulation and re-absorption. Anything which tends to remove this obstruction in the gall-duct will aid in the removal of bile from the liver. The passage of the gall-duct may be cleared by the administration of ipecac, or increased pressure from behind by stimulating the hepatic secretion tends to the same result. Brisk exercise also tends to expel bile and to prevent its accumulation. Practically then the disturbances of the liver may be reached by judicious medication, and the disorders of this organ should not be interpreted through the dim light of fancied impressions. The liver is not the hydra-headed monster it has been pictured, but a gland with important functions, which will respond to intelligent and well-directed treatment.

The American Academy of Medicine will hold its next annual session at New York on Oct. 28th and 29th, 1885.

Miscellany.

Ephemeral Œdema of Gouty Origin.—Dr. Negel (*Le Progrès Méd.*, No. 43, 1884) relates the case of a rather stout lady, aged 41, subject to rheumatoid pains in the joints, but not to chilblains, who on two occasions, the last time in 1881, had noticed, after bathing in a river, swelling of the whole body, accompanied by violent itching and burning. Since the last occurrence, she became liable, whenever she washed her hands in cold water, to swelling, redness, and violent itching and burning of the fingers. Similar swelling might attack the feet, the arms, the nose, or the ears, under the influence of cold air or contact with a cold body. Her nose and ears often became swollen when she went out of doors without taking proper precautions to protect them. The parts, when affected, looked red, shivering, and distended. In from one to three hours, they returned to their natural state. Under treatment by salicylate of soda and liquor arsenicalis, with two alkaline baths a week, she became completely cured, none of the above named causes being capable of producing a return of the swelling. Dr. Negel regarded these phenomena as depending upon constitutional gout.—*Brit. Med. Journ.*

For Asthmatic Paroxysms.—

R.—Tinct. lobeliæ, ℥ j.
Ammon. iodidi, ʒ ij.
Ammon. bromidi, ʒ iij.
Syr. tolutan, ℥ iij.

M. Sig.—A teaspoonful every one, two, three or four hours.

Dr. Bartholow says the above "gives relief in a few minutes, and sometimes the relief is permanent."

"Strange Adventures" of a Bullet.—A case of pistol wound of the thorax has recently been recorded by Schmidt in which the bullet penetrated one of the left pulmonary viens, and then passed along it into the cavity of the left auricle, merely leaving a small erosion on the posterior wall of the vein. From the auricle the bullet must have gained access to the left ventricle, and must

then have been forced into the aorta, and so down to the femoral artery, where the projectile was found, apparently accidently, at the autopsy. The reporter declares that no other explanation of the presence of the projectile in the femoral artery can be given.—*Lancet.*

How to Relieve Asthma.—Dr. Q. C. Smith, of Austin, Texas, writes as follows to *Gaillard's Medical Journal:*

To relieve those desperate paroxysms of asthma that threaten life every moment until relieved, I am accustomed to administer hypodermically the following:

℞.—Mur. Pilocarpine,
Apomorphiæ each, gr. ½.

The patient will quickly sweat profusely, breathe easier, and obtain sleep within ten minutes.

To establish the work the work begun, proper constitutional treatment should be promptly instituted and perseveringly carried out in every case, for weeks at least.

For many cases the following is a favorite combination with us as a constitutional remedy:

℞ Iodide Sodium,	ʒ i
Fl. Ext. Grindelia Robusta	
Tinct. Aloes	
Syr. Ipecac each,	ʒ ii
Fowler's Solution,	ʒ ss
Fl. Ext. Belladonna,	gtt. iv
Syr. Lactucarium (Aubergiers)	q.s. ft. ʒii

M. ft. sol.

S. Teaspeonful every three hours for one day, then three times a day just after meals, for from three to six weeks.

Typhoid Fever—Large Doses of Bismuth.—Dr. Real (*Raccoglitore Medico*) treats typhoid fever on the disinfectant plan by giving bismuth in huge doses. He begins by giving an enema containing two and a half drachms of subnitrate of bismuth, and then administers the same remedy internally in doses of five to six drachms per diem. This quantity is divided into twenty-four portions, one of which is given suspended in mucilage every hour. If constipation occur, three or four drachms of sulphate of soda are given either by the mouth or the rectum. The patient is made to drink two or three quarts of milk a day, and some Vichy or other effervescing alkaline water, and may also take two pints of beer or one or two ounces of brandy. Of sixty-two patients treated by this method but two died.—*Analectic.*

Stricture—Hydrostatic Dilatation.—In urinary obstruction, due to prostatic hypertrophy or thickening of the mucous membrane of the urethra, Prof. A. B. Palmer says that relief can frequently be obtained by simply making the stream of urine act as a hydrostatic dilator in its passage. This can be readily done during micturition by compressing the urethra between the thumb and fingers, so that no urine can escape. An effort is to be made at the same time to forcibly empty the bladder. The result is that the urethra is gently and uniformly distended without risk and without pain. This distention can be obtained and sustained at will, and in a majority of cases, if daily repeated, will soon be followed by the power of almost completely emptying the bladder, with a fair and often a full stream.—*Med. Bulletin.*

Dramatis Personæ.—Gynæcologist and patient who had married a widower with several children, one of whom was in the waiting room. *Gynæcologist*, looking through the speculum,—"How many children have you?" *Patient*—"We have four in the family, doctor." "Ah! four children. That explains the condition of your cervix, madam. It was badly lacerated at your last confinement, and can only be relieved by trachelorrhaphy." "But, doctor, ain't you mistaken? I—" "Mistaken, madam! Impossible. I tell you, you have a laceration of the cervix, dating from your last confinement." "But, doctor—" "Now, madam, I know what is the matter with you, and it's no use for you to volunteer any further information. You must submit to an operation." "But, doctor, I *will* speak. I never had a child. The children we have are my husband's by a former marriage." Tableau.—*Medical Age.*

Obituary.

PROF. RICHARD McSHERRY, M. D.

We are rarely called upon to chronicle the death of any one whose loss is so universally felt and deeply regretted as that of Dr. McSherry. His position in this community was a singularly enviable one. He was the representative of all that is cultivated, dignified and honorable in the medical profession, and combined in an unusual manner the skill, experience and learning of the physician with the tact, grace and amiability of the gentleman. To the wealth of information. derived from a life of study, he added large stores of practical experience gathered in many parts of the earth as army and navy surgeon, as well as in an extensive practice in Baltimore. His lectures were clear, concise and practical, not unfrequently adorned with apt classical quotation or seasoned with crisp humorous anecdote. Students were always attracted by his genial, kindly nature, and felt no hesitation in laying their troubles before him, and whether the plea was for professional information or for relief in personal difficulties, none left him without feeling an increase of that affectionate and grateful regard in which he was universally held. He was particular y kind and considerate towards the younger members of the profession, and while he always had the courage of his convictions, no one who knew him ever entered the consultation room with him in the fear of any of those unmanly methods which sometimes makes consultations odious. He was always fair and honorable, and a meeting with him was often of as much advantage to the doctor as to the patient. In religion he was a devout Catholic, and although he clung to his faith with noble consistency, he always manifested the greatest liberality toward those who were not of the same ecclesiastical household. He lived a singularly pure and blameless life, and met death with the same unflinching fortitude he had shown in the contingencies of life.

Dr. McSherry was born at Martinsburg, W. Va., November 21st, 1817. He received his classical education in Georgetown College and studied medicine in the University of Pennsylvania, where he received his degree of M. D. in 1841. He entered the medical corps of the army early in life and served under Gen. Taylor in the Seminole war. Leaving the army in 1843 he entered the navy where he remained for nine years, serving in the East and West Indies, North and South America, and making a cruise round the world in the old "Constitution." In Gen. Scott's campaign in Mexico he served as surgeon to a battalion of marines. He resigned from the Navy in 1851 and came to Baltimore, where he established a practice which continued until his last illness. He was elected Professor of Materia Medica and Therapeutics in the University of Maryland in 1863, which chair he filled until 1865, when, upon the death of Professor Samuel Chew, he was made Professor of Principles and Practice of Medicine. He was president of the Medical and Chirurgical Faculty of Maryland in 1883, and was one of the founders and the first president of the Baltimore Academy of Medicine. At the time of his death he was president of the Maryland State Board of Health. Dr. McSherry was a writer of no ordinary ability, and his varied experience gave him ample opportunity for the use of his talent. During the earlier part of his career he wrote much on surgical subjects, but his later articles are more generally upon the topics of practical medicine and sanitary science. He continued until within a few months of death to be a contributor to the pages of our best medical and sanitary journals His writings were not confined to professional subjects. In 1850 he published "El Puchero," a Mixed Dish from Mexico, embracing some account of Gen. Scott's campaign, with sketches of military life, &c., and in 1869 a volume of "Essays and Lectures on Various Occasions." (Early History of Maryland, On Mexico and Its Affairs, Hygiene, Health and Happiness.)

J. E M.

Medical Items.

The first Committee on the Congress ceased to be a Committee of the American Medical Association the moment its invitation to meet in this country was accepted by the International Medical Congress. It thenceforth became a Committee of the Congress and was under no duty to report to the American Medical Association. Had the first Committee acted independently of the Association the profession in this country would have escaped the present ridiculous position in which it has been placed by a few men who wish to become great because greatness was not thrust on them.

Dr. George M. Sternberg has been elected an honorary member of the Royal Academy of Medicine of Rome.

It is rumored that Professor Matthew Hay, of Edinburgh, has been elected professor of pharmacology in the Medical Department of the Johns Hopkins University.

Prof. Charles Philippe Robin, a well-known physician and scientist of Paris, France, died recently at the age of 64 years.

In the issue of this JOURNAL of July 25th we announced the death of Dr. John L. Atlee, of Lancaster, Pa., and published a short sketch of his life and of his professional work. It so happened that our information was incorrect and that we were premature in the notice we gave. Dr. Atlee was stricken down with paralysis at the time, but his death did not occur until October 1st. We now refer our readers to the sketch of the life of this good and useful man as published several months ago.

Our valued contemporary the *N. Y. Medical Journal* is advocating the organization of a New National Medical Association on the ground that the profession in this country needs a National Scientific organization capable of advancing the highest and best scientific work and professional interests. The proposition made by this Journal is entitled to earnest and careful consideration.

The new Committee on the Congress has succeeded in making the American profession ridiculous in the eyes of the world, and it has succeeded in demonstrating its own weakness and incapacity. Since a member of this Committee is forced to rise and complain to the profession that the affairs of the Committee are run by the officers of the Committee and not by the Committee itself, we think the true inwardness of this work appears.

Dr. Kinloch, the member of the Committee from South Carolina, has the courage and manliness to speak out in regard to the secret deliberations of the Committee and to complain that the report of the Committee meeting as published by the Secretary is not the minutes of the meeting, and does not fully and fairly represent them.

The present Executive Committee of the Congress at its meeting in New York, held September 24th, passed a resolution to the effect that the actions of this Executive Committee are final, not being subject to revision, amendment, or alteration by either the Committee of Arrangements or the American Medical Association. This is a most remarkable piece of cheek since the Association has already ruled, at its New Orleans meeting, that in conferring powers and duties upon its Committee, it by no means abrogates its own authority in the premises.

A new medical society, to be known as the Gynecological and Obstetrical Society of Baltimore City, has recently been organized in this city by a few gentlemen who are specially interested in the study and practice of these departments of science. The Society begins work with seventeen members, and has a clause limiting its membership to 25 active and 10 honorary fellows. The following gentlemen have been elected officers for the ensuing year: President, Dr. G. W. Miltenberger; First Vice-President, Dr. H. P. C. Wilson; Second Vice-President, Dr. Thos. Opie; Secretary, Dr. W. E. Moseley; Treasurer, Dr. Robt. T. Wilson; Executive Committee, Dr. P. C. Williams, B. B. Browne and F. E. Chatard, Jr.

The Society will meet on the second Tuesday evening of each month with the exception of the summer months, at the residence of its members in alphabetical order.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, during the week ending October 10, 1885.

Bright, George A., Surgeon. To U. S. S. "Brooklyn."

Fitts, Henry B., Assistant Surgeon. To Naval Hospital, New York.

Hall, John H., Passed Assistant Surgeon. Detached from Naval Hospital, Mare Island, California, and ordered to the "Hartford."

Swan, Robert, Passed Assistant Surgeon. Detached from Naval Hospital, New York, and ordered to the "Brooklyn."

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U S ARMY, from Oct. 6, 1885, to October 12, 1885

Captain Daniel Weisil, Assistant Surgeon. To be relieved from duty at Camp at Rock Springs, Wyoming and return to his proper station, Fort Fred. Steele, Wyoming.

Captain George W. Adair, Assistant Surgeon. Leave of absence extended one month.

Captain Victor Biast, Assistant Surgeon. Sick leave of absence further extended six months on surgeon's certificate of disability.

First Lieutenant G. E. Bushnell, Assistant Surgeon. Granted leave of absence for one month.

First Lieutenant Wm. Stephenson, Assistant Surgeon Relieved from duty at Fort Nebraska, Nebraska, and ordered for duty at Camp Rock Springs, Wyoming.

First Lieutenant A. R. Chapin, Assistant Surgeon. Leave of absence extended one month.

First Lieutenant Edward R. Morris, Assistant Surgeon (recently appointed). Ordered for duty in Department Missouri.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE for the week ended Oct. 10, 1885.

Bailhache, P. H., Surgeon. To proceed to Tuckerton, New Jersey, as Inspector. October 7, 1885.

Austin, H. W., Surgeon. To proceed to Albany, New York, on special duty. October 6, 1885.

Gassaway, J. M., Surgeon. To examine surfmen at Ellsworth, Maine, and other ports of First District, Life Saving Service. October 9, 1885.

Selected Article.

THE RADICAL CURE OF INGUINAL HERNIA BY INJECTION, AND BY THE SAME COMBINED WITH SUTURE OF THE CANAL: ALSO ON THE APPLICATION OF SIMILAR METHODS TO UMBILICAL HERNIA.*

BY C. B. KEETLEY, F.R.C.S.,

Senior Surgeon to the West London Hospital; Surgeon to the Surgical Aid Society.

To what extent are we to credit the good reports of the treatment of hernia by injection which come to us from America and Germany, and what are the best methods of carrying it out? These are the questions I propose to bring forward in this paper.

Bearing in mind that the present great interest in operations for radical cure of hernia is mainly due to the introduction of the procedure of antiseptic excision of the sac, one is tempted to begin with a reminder of the really serious mortality of that plan, by way of excusing oneself for trying another less fashionable one; but such a preface might widen the field of discussion too much.

My own operations for the radical cure of hernia by injection number only eleven, and the first was done less than twelve months ago; so that I beg of you to remember that I am not claiming any value for them, except when considered in connection with the recorded experience of others.

My patients, nine in number, include one man, aged 50, with double inguinal hernia; three young men, between 20 and 30, one with double inguinal hernia; two girls of 11, and three infants, one with umbilical, the others with inguinal hernia. The dates of operation are scattered pretty regularly over the past twelve months, and all the patients have occasionally returned to report progress. One is still in hospital, having been operated on only a fortnight ago.

With regard to final results, the time is obviously too short to give them, but it is well-known that, if a good result persist for a few months after an attempt at radical cure, it is more likely to last than otherwise. Now, only two of my cases have so far fallen short of complete success, and those two almost the last operated on. In each of these two cases, no pains were taken to back up the operation by the careful use of a truss. But, in spite of this carelessness, each patient is greatly improved, and herniæ, which used to be almost always down, now only slip down exceptionally. One of these "semi-failures," as they may be called, is a male infant, whose rupture only recurred when he was attacked with severe bronchitis. He was without a truss, because I happened to be on the Continent when he left the hospital, and his mother did not bring him back until the rupture recurred. This used to be a very large rupture, almost always down, and coming through a very large ring. I have no doubt that his mother is correct in saying it came down again during the attack of bronchitis, but neither she nor I can now make it come down at will, and I am convinced that the steady use of a truss will eventually turn this failure into success.

My first case was double inguinal hernia, in a very stout man, aged 50. The reason for operating was that his ruptures used to come down at night when he was in bed, and often cause him pain and illness. The patient is an intelligent gentleman, able and willing to second the treatment. The result is a complete, and, so far, enduring success.

Upon the whole, therefore, I am disposed to believe the statements of Janney and Warren in America, that they get 70 or 80 per cent. of complete cures.

My only umbilical case, operated on six months ago, remains a lasting success, although it is a child with unexampled powers of howling and screaming. It has been for two months without a truss.

Before describing the course of the cases towards recovery, it would be well to give the mode of operating.

*From the *Brit. Med Journ.*, Sept. 19, 1885.
Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Cardiff.

I have not attempted the subcutaneous method. I cannot believe it to be either surgical or safe to thrust into the inguinal canal any instrument sharp enough to pierce the skin, and afterwards to blindly inject an irritant through it. Indeed, serious accidents have attended this proceeding. Warren himself, the chief exponent of "subcutaneous" injection, writes:

"I know of no operation in the annals of surgery that requires a more delicate touch, and finer manipulation in all its details, or a steadier or firmer hand in the operator, not even excepting the fine and graceful operation of cataract in the eye. What operation demands more care than passing a sharp-pointed instrument through the living tissue into the hernial ring, among numerous tissues, vessels, nerves, and surrounded by the peritoneal membrane?"

If this be true, operations such as those of Warren and Heaton stand condemned by their own advocate. Of course, it is not altogether true, but it contains an important degree of truth, half buried in absurdity.

I adopted the method of Velpeau, who conceived the idea of attempting radical cure by injection nearly fifty years ago; only, whereas he used iodine, I use a freshly-prepared concentrated decoction of oak-bark. Heaton used this, made from the bark of quercus alba, a tree whose bark is not to be got in England. Warren used a compound of Heaton's fluid with alcohol, morphia, etc. (see p. 372 of his treatise).

Operation for Inguinal Cases.—The parts being shaved and asepticised, make an incision over the external ring by pinching up skin and fat, and transfixing. The operating-table should slope, with the foot higher than the head, so that the hernia may keep up, and out of the way. Secure any bleeding points with catch forceps. Thrust a probe through the intercolumnar fascia, and pass it up the canal as far as the internal ring, move it about in the canal so as to make a little cavity for the fluid to be injected. Slip a small cannula over the probe. Withdraw the later, leaving the former. Fit your syringe, ready charged with injection, to the cannula, and inject. Place a finger on the point of entrance of the cannula, and cover that point as you withdraw the instrument. Then, with the forefinger of the other hand, rub over the site of the fluid, so as to diffuse it.

Having got so far, and the parts being exposed, it has seemed to me a pity not to take the opportunity of putting a couple of strong catgut sutures into the pillars of the external ring, and adjacent parts of the canal. Accordingly, ten out my eleven operations have been compound, including both injection and suture. But, having had some experience of simple suture, I have no doubt in my own mind about the value of the injection.

Dressing and After-Treatment.—These consist of the use of a drainage-tube, suture of the skin-wound, an iodoform pad, and antiseptic packing. The dressings are fixed by strips of adhesive plaster, and rubber bandage is put over all. Generally there are pain and a rise of temperature for a few days; an ice-bag is applied locally. The foot of the bed must be raised on blocks, and pillows placed beneath the knees. The horizontal position must be maintained until the parts will bear a truss (about three weeks or a month).

Once there has been suppuration. This was in the last case operated on. A rather large abscess formed. It has been opened and drained, and has healed rapidly.

This patient had an extra quanity of the injection (about a drachm), and no drainage-tube was left in. Several of the other patients did well without a drainage-tube.

I hesitate to give a positive opinion about the anatomical changes which take place. This is, at first, the formation of a great mass of thickening, apparently due to serous effusion. After a few weeks, more or less according to the case, this disappears. The ring can then be plainly felt contracted, perhaps to half the size of the ring of the opposite side. Not only does the rupture cease to come down, but there is no longer any hernial impulse.

One of the best cases was the umbilical,

an unusually large hernia in an infant. Here the astringent fluid was brushed and swabbed over the parts, before the sutures were inserted. The usual thickening appeared, and I believe that the fluid, as well as the sutures, had a share in the result. This case was exhibited at one of the meetings of the West London Medico-Chirurgical Society.

I have not tried the operation in femoral cases. For these, ligature of the sac is not only effective, but reasonably safe. It is for reducible inguinal and umbilical herniæ, that I believe we are called upon to seek for a safer plan of proceeding than that which involves excising or even opening the sac.

Clinical Notes.

TARBORO, N. C., AS A HEALTH RESORT FOR CONSUMPTIVES.

Dr. Geo. S. Lloyd, of Tarboro, N. C., Writes:

"I desire to write a few lines concerning our climate in regard to phthisis pulmonalis. I will say that it is very rare to meet with a patient suffering with this disease in our country. I have not met a case in my four years of practice, and from what I can learn other physicians are seldom called upon to treat this dreaded disease.

For the last six years quite a number of Bostonians have been spending the winter with us. They say that the climate is far superior to any they have yet found.

One, a patient of Prof. Loomis, says that he has been to all the resorts for consumptives in the United States; that the air here invigorated him more than any place he has been. He will come this winter; it being his third winter with us.

I will say that that there is now being built a large three-story hotel with all the modern improvements, to be completed by the next summer.

Now, if you have any patients to recommend a change, I would be pleased if you will send them to Tarboro to try our climate, for I am sure they will return again, as all that come among us are so much benefitted that they will return."

Hospital Reports.

PRESBYTERIAN HOSPITAL OF PHILADELPHIA.

SERVICE OF DR. DE FOREST WILLARD.

GUN-SHOT WOUND OF FOOT—FRACTURE OF METATARSAL BONE.

This man, 56 years old, fell, while running, and a revolver in his pocket was discharged, the load passing through his foot, entering on the dorsum between the second and third metatarsal bones behind the line of the metatarso-phalangeal articulation and breaking the second metatarsal bone. The wound was dressed with boro-glyceride and he was discharged cured in a little over three weeks.

FATAL CONCUSSION AND ALCOHOLISM.

An intemperate man (aged 40) who had been drinking heavily for several months, walked out of a second story window. He was unconscious for a few minutes, and when brought to the hospital his pulse was 60 and his respiration normal, his skin was cool, and there was not much evidence of shock. There was no wound on the scalp, nor any evidence of depressed fracture; but on the lower jaw there was an incised wound extending down to the bone. At ten o'clock on the morning of the accident his temperature was 101°; respiration 23; pulse 120 and irregular; and his pupils were contracted. He answers questions in a thick muffled tone. He mutters and attempts to get out of bed. In the evening his temperature is 102⅘. He is now given sulphate of magnesia (one ounce) and twenty grains of bromide of potash every one, two or three hours as required. The next morning it is reported that after ten p. m., the night before, he had one drachm of bromide every hour. His pulse is now 132 and irregular, his pupils contracted and he lies stupid, with the lower jaws drooping. He is given two doses of tinct. capsicum with beef tea. He can now be only partially aroused and will not answer questions. He is given beef tea

and milk (℥iv) alternately every hour. At 2 P. M. it is reported that his pulse and respiration are both more rapid. He is now given half a drachm of aromatic spirits of ammonia and at 4 P. M. tincture of digitalis (ten minims every hour) and whiskey (one ounce every hour). The temperature now goes up to 105⅘ and the respiration to 60. Ice is kept to the head. He is somewhat flatulent, so that an injection of turpentine, followed by an enema of whiskey, is given, but they are both, at once, rejected. The body is sponged with cold water, which reduces the temperature one degree. The whiskey enema is repeated and rejected again, and he continues to fail until 12.25 A. M. the next day, when he dies. The *autopsy* reveals only a normal serous effusion under the dura mater. There is great venous, but not decided arterial congestion of the membranes, which are adherent. The arachnoid is turbid and presents adhesions on its upper aspect. The right lateral ventricle, in its anterior cornuum contains one drachm of slightly tinged serum, while there was one-half drachm in the posterior cornuum. The left lateral ventricle contains about half a drachm, and there is observed slight arterial congestion of the tissue of the brain itself.

SIMPLE FRACTURE OF THE FIBULA AND DELIRIUM TREMENS.

Frequent attacks of delirium tremens have characterized the life of this very intemperate man, aged 37. He was kicked in the left leg by a horse, after which he walked to the hospital, when it was found that the fibula was fractured about 1½ inches above the external malleolus. The soft parts were discolored and so much swollen that it was difficult to detect the fracture save on very deep pressure. The limb was put in a fracture box, and three days later in the afternoon delirium tremens set in and he was very delirious all night. For the first part of the night he was given one drachm of bromide of potassium every hour and subsequently fifty grains every hour. He was also given fifteen drops of tincture of capsicum every two hours. In spite of all treatment he sank and died at 6 P. M.

DEFORMED MOUTH AND NOSE FROM GUNSHOT WOUND.

One year ago, the accidental discharge of a gun seriously disfigured this schoolboy, aged 14 years. The shot struck the right nostril and ploughed down through the upper and lower lips, coming out at the angle of the jaw on the left side. Some of the shot could be felt lodged in the left breast outside of the nipple. A piece of the nose was torn away and the skin over the chin laid open. These wounds, at the time, were dressed with plaster, and when he was admitted to the hospital (one year later) the following deformity existed: The nose was drawn to the left side, and there was a large cicatrix extending from the nose to the angle of the mouth on the left side, which is closed by a cicatrix as far forwards as the second incisor tooth. When he opens the mouth the left nostril is closed entirely and the right partially so. Dr. Willard dissected through the skin to the commissure of the lips, half the depths of the lip and the mucous membrane covering the lips was subsequently divided. The cicatricial tissue at the outer margin of the lips was cut away by a triangular incision and the mucous membrane drawn over and stitched to the sound skin with silk. The incision was carried to, but not beyond the original angle of the lips, thus not dividing the orbicularis oris muscle. This left the mouth of its normal size, but drooping, owing to the cicatrix in the upper lips; fully one-half inch was gained in the size of the mouth. The mouth was now kept at rest, with bandages and adhesive plaster. He was restricted to liquid diet and was given tincture of the chloride of iron (fifteen drops) and quinine (two grains) four times daily. There was no rise in temperature. Two days after the operation the lips were very much swollen, so much so that the lower one is incised with a bistoury, to let out the inflammatory products. Two days later the sutures are removed and it is found that the

mucous membrane has united where it was joined to the lip. The head is still kept in a Burton bandage. Two days later the bandage and all dressings are removed, and after two days more multiple incisions are made all the way along course of the cicatrix through the upper lip and nose, and while healing, the parts are frequently put on the stretch. One week later it is noted that only a small gain has followed the incisions. Three days later the cicatrix extending transversely across the upper lip is cut away (the incision not extending the whole thickness of the lip, but only about half way in depth), from before backwards, so that a band of sound tissue unites the two sides of the lip. The skin surface of the lip is then dissected from the mucous surface from $\frac{1}{8}$ to $\frac{1}{2}$ of an inch on each side of the cicatrix, to permit freer mobility of the skin, and the skin edges are brought together by three steel pins and silk sutures and adhesive plaster. On the next day, while he does not complain of pain, there is some fever and a rapid pulse, so that he is ordered tincture of aconite (one drop) sulphate of morphia (one-eighth of a grain) and bromide of potash (five grains) with half an ounce of mist. pot. cit. every two hours. The iron and quinine is continued. Four days later the pins are removed and union is found at the lower ends of the wound, while at the upper end there is some appearance of a fistulous opening. Five days later there is a good union all along the line. Eight days later it is noted that the tissue in the upper lip on the left side is harder and less yielding than on the right side, so that when the mouth is opened, both it and the nose are drawn towards the left. Dr. Willard then cuts through the orbicularis oris muscle for from $\frac{1}{3}$ to $\frac{1}{2}$ of an inch, covering the cut edges with mucous membrane dissected from the inside Ten days later he is discharged cured, with an excellent mouth, which he can open without drawing the nose to one side.

BURN OF FACE FROM A GUNPOWDER EXPLOSION.

From a premature explosion, whilst blasting rocks, this man (aged 50) was injured by a gunpowder charge. His face was spotted with grains of powder, some of which were imbedded under the skin. There was considerable swelling of the face, especially around the eyes, which were tightly closed, while purulent matter oozed from between the lids. When the lids are opened the cornea looks hazy; he has slight perception of light, but cannot distinguish objects. The hands are full of powder like the face. His pulse is full and rapid, temperature $101\frac{8}{5}$, and he suffers much pain. A saturated solution of bicarbonate of soda is applied to the face and hands, and he is given tincture of aconite (two drops) sulphate of morphia (one-eighth of a grain) and camphor water (half an ounce) every four hours. His diet is restricted to milk and beef tea. The next day pustules have formed around the larger masses of powder, and these pieces are picked. Two days later he suffers pain and the swelling is almost gone. Powder is seen to be buried under the conjunctiva, over the sclerotic, and the corneal conjunctiva of the left eye is wounded and torn up for some distance. The next day all dressing is removed from the hands, and the face is found to be much better. There is considerable opacity of the cornea. A one grain solution of sulphate atropia is dropped into the eye each morning. Eight days later has entirely recovered from the effects of the burn, save with the left eye, where the vision is still very indistinct. Four days later the corneal opacity is clearing up and in six days more he is discharged cured.

TRAUMATIC ANEURISM OF THE THORACIC AORTA.

The day before his admission a bale of carpet, weighing three hundred pounds, fell on this man's back and shoulders, severely straining his back and chest. He is 64 years old. On admission he complains of pain and soreness in the back and chest; this pain is aggravated by motion, though it is present even when he is quiet. During the night he has several movements from the bowels;

his urinary apparatus is normal and there is no cough. He was ordered morphia to relieve the pain and a stimulating liniment for the strained muscles. His appetite is good and the next morning he feels somewhat easier. Later in the day he has a severe paroxysm of pain about and below the umbilicus. There is some tympanitis, for which a carminative is given. At 10 P. M., when he had been lying quietly, he suddenly jumped out of bed, placed his hand on his heart, made an exclamation of pain, sank to the floor and in two minutes was dead. At the *autopsy* the heart was found slightly hypertrophied and the valves normal. The aorta was normal until below the arch. At the bottom of the descending portion of the arch there was an atheromatous spot, and just before this there was a transverse fissure on the outer side of the vessel, nearly half an inch long and extending through the inner and middle coats. The adventitica had been dissected from the muscular coat for about the circumference of the vessel, for a distance for at least five inches below the diaphragm. At this point the artery was torn in dissection. There was no evidence of another opening readmitting the blood to the aorta. About one inch below the opening in the intima and middle coats there was a large rent in the adventitia letting the blood into the pleural cavity. The conclusion was reached that we have had a ruptured dissecting aneurism of the thoracic aorta.

DISPLACED SEPTUM NASI WITH HYPERTROPHY AND CLOSURE OF THE LEFT NOSTRIL.

Six years ago this boy, aged 16, fell on his nose. He experienced no inconvenience until a year later. At that time it was noticed that the septum seemed to be growing, and was filling the left nostril. This condition increased rapidly, so that he soon became unable to breathe through that nostril, while the other became irritable and closed on the slightest cold. Upon admission it was found that the septum was displaced to the left and greatly hypertrophied, the left nostril being entirely closed. The septum was punctured twice by a forceps for that purpose, and a large plug of ebony was put into the nostril. Twice daily the little finger is passed through the orifice in the septum. Subsequently the septum is made straight by forceps and the plug put in. There is great improvement after this operation, and he can breathe faialy well through the nose. After seven days the septum is almost straight, and he is subsequently discharged cured.

ISCHIO-RECTAL ABSCESS.—SERVICE OF DR. THOMAS B. REED.

This temperate man, (aged 42) three weeks ago, slipped and fell on the ice, striking on his buttocks, just above the anus. He had pain, *at intervals*, for two weeks, after which it became *constant*. On examination it was found that he had an ischio-rectal abscess on each side; at least there was pain, redness, swelling and increase of heat in these localities, especially marked on the left side. The tissues underneath were indurated; but no fluctuation could be felt. The exploring needle (passed for three inches) failed to bring any pus. His temperature was normal. He was put to bed and hot poultices kept constantly applied.

Reed's tonic (℥ ss ter die) was given him. Two days later it is noticed that the swelling and induration were increasing, but no fluctuation can be detected. Nine days later fluctuation is pronounced, the abscesses are opened and poulticed. Four days later it is noticed that his appetite has been poor for some time and he is ordered special diet, with milk punch, ℥ j ter die. He is also given chlorate of potash (5 grains) and tincture of the chloride of iron (20 drops) thrice daily. Reed's tonic is stopped and he receives quinine, 5 grains thrice daily. The last two stools have been bloody, containing from one to three ounces of pure blood. The abscess is packed with carbolized oil (1 to 40). Ten days later he is etherized and the abscesses thoroughly opened. There had been extensive burrowing; extending up under the coccyx and down to the anus, but there was no opening into the gut.

The sides of the abscesses were well scraped, the septum dividing the two cut away and the whole sore poulticed. His evening temperature is 99⅘°, pulse 72. Four days later the poultices were stopped and the wound packed with carbolized oil. Eight days it is noted that the abscess is healing up nicely from the bottom, his appetite is good and he is gaining flesh. Some two weeks later it is noted that the wound has been syringed out daily with a one per cent. solution of chloride of zinc and packed with carbolized oil. Some skin that has lapped over the edge of the wound, like a valve, is pared away. Later, after syringing, the wound is packed with corrosive sublimate cotton and dusted over with iodoform. Three weeks later, it is noted that a sinus opened a few days ago, opening into the wound on either side and running up towards the coccyx. A probe here came into contact with denuded bone, indicating probably caries of the coccyx. For the past week he has taking biniodide of mercury (1/64 of a grain), iodide of potash (6 grains), infusion of gentian and compound syrup of sarsaparilla (of each one drachm) thrice daily. The sinus behind the rectum is freely opened and packed. The wound becomes erysipelatous and erysipelas extends up the back half way to the shoulders and around the body to the groin, the lymphatics becoming enlarged and the discharge from the wound assumes an offensive character. The erysipelas subsides after having extended down to the knee. The wound granulates well, and he is discharged cured three months after the invasion of the erysipelas.

COMPOUND FRACTURE OF THE SKULL.

This young man, (aged 19) two weeks before his admission, fell on the bricks and sustained a compound, depressed fracture of the skull. Before his admission he had three or four epileptiform seizures. Upon admission, a depressed fracture (the size of a quarter-dollar) is made out on the outer table of the left parietal bone, near its upper posterior angle. The external wound is enlarged to give free exit to the pus and poultices are applied. He has no bad symptoms; no rise of temperature; no pain; the wound heals and he is discharged three weeks after admission.

Society Report.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD SEPT. 24, 1885.

DR. E. O. SHAKESPEARE in the Chair.

Dr. William Osler presented specimen of

TÆNIA ECHINOCOCCUS.

This rare parasite was reared experimentally by feeding a dog with hydatids from the liver of a pig. The animal was killed about seven weeks after the feeding, when the small intestine was found to contain many hundreds of the mature tape-worms. The portion of bowel exhibited had many adherent to the mucous membrane. From the small size of the worms, only a few lines in length, they are very apt to be overlooked. Cobbold states that the only specimens procured in England have been experimentally reared. Dr. Leidy has never met the adult worm in this country. That it must occur here in the dog is very evident from the frequency with which echinococcus cysts (the larvæ) are met with in the hog and other animals.

CYSTICERCUS CELLULOSUS.

Dr. Osler exhibited the heart, brain and portion of the flesh of a pig containing the "measles" as the larvæ of the tænia solium are called. Both organs were thickly studded with the cysts which were also very numerous throughout the muscular system. The animal was fat and had seemed to suffer very little inconvenience. Attention was called to the cysts beneath the tongue and to the possibility of telling whether an animal was measled by an examination of this part during life. Microscop-

ic slides of the parasites were shown and a slide of a cysticercus, with very large caudal vesicle, from the omentum, in which situation they may grow to the size of a walnut.

DISTOMA HEPATICUM; EFFECTS ON THE LIVER.

Dr. Osler also showed the liver of an ox with enormous enlargement of the bile vessels and calcification of their walls due to the chronic inflammation excited by the presence of the flukes. The main ducts were thicker than the thumb, and even the smaller tubes were hard as the stem of a clay pipe. The liver substance was wasted but not cirrhotic. In spite of this extensive disease the animal was well nourished. Specimens of the flukes in spirit and mounted were also shown.

Dr. William Pepper presented before the Society the specimens of

TÆNIA FLAVO-PUNCTATA

described by Prof. Leidy in the *Amer. Jour. Med. Sci.*, July, 1884. This species has never but once before been seen and recognized, and then by Weinland, of Boston, in 1858. Both specimens were expelled from young children and averaged twelve inches in length.

Dr. Pepper also presented the head and neck of a specimen of

TÆNIA MEDIO-CANELLATA.

It occurred in a young man. A course of starving, followed by castor oil and pelletierine, removed a portion of the worm; afterward a repetition of the starving process without the castor oil, but with the alkaloid, brought away the entire worm dead.

Dr. Pepper said he was particularly interested in this series; it spoke forcibly of the necessity of studying comparative pathology. The specimens were very perfect and more instructive than more highly organized species. In practice he had found the tænia medio-canellata as difficult to expel as the tænia solium. The exhibition of the small variety, the flavo-punctata, taught the necessity of careful examination of the stools.

Dr. De Schweinitz exhibited the kidneys, ureters and bladder from a man who died after the operation of

LITHOLAPAXY.

The patient, æt. 73, had, two years previous to the operation, suffered with straining during the act of micturition and other symptoms of hypertrophy of the prostate gland and vesical calculus. The urine contained albumen, pus, epithelium and granular casts, and had a sp. gr. of 1,018. The patient's habits were intemperate. The operation of litholapaxy was performed, marked difficulty having been experienced in the introduction of the instrument.

After the operation the patient exhibited great restlessness, precardial pain and a rapid, feeble pulse. Later he became comatose and died twenty hours after the operation, the immediate cause of death being, apparently, the formation of a heart-clot. The *post-mortem* examination was made about ten hours after death:

Body well made; nothing of note anteriorly; the usual ecchymoses posteriorly. Thorax—Old pleuritic adhesions on the right side; left side free. Lungs crepitant, with slight posterior congestion. Heart surrounded with fat; muscular fibres flabby; valves normal; firm "chicken-fat" clot in the right ventricle.

Abdomen—Position of viscera usual. Marked deposits of fat in the omentum. Liver slightly enlarged, soft, but otherwise normal. Both kidneys granular and containing cysts. Bladder thickened and showing two spots of ecchymoses on the mucous surface. Prostate enlarged; other organs normal. Brain and membranes not examined.

DISCUSSION.

Dr. Tyson thought this case added one more to the list showing the impropriety of crushing for stone when kidney disease was present. He did not know why, but under such circumstance the cutting operation was more suitable. Dr.

Tyson cited the case of Louis Napoleon as an instance of the danger of crushing in the presence of kidney disease. Dr. Tyson said, in answer to a question of Dr. Barton's regarding the kidneys, that they were contracted, though not markedly so, as there was good secreting structure left. The cysts were part of the pathological anatomy of granular kidney. He believed the cause of death to be uræmia.

Dr. G. G. Davis said that in such cases a post-mortem examination was in reality of the nature of an investigation. Death might be due to direct violence done the urethra, the prostate or the bladder; or it might be due to extension of inflammation to the peritoneum or to some unknown cause, as in the present case.

Dr. DeSchweinitz said that the urethra was not examined, and agreed with Dr. Tyson that the cause of death was uræmia. This was the more probable because an officious attendant, against orders, had administered rather full doses of morphia.

Dr. Henry Beates presented a specimen of

SYPHILITIC ABSCESS AND NECROSIS OF THE TIBIA

removed by amputation at the middle of the thigh. The patient is a strumous man, who three years previously had suffered from an attack of obstinate sciatica, accompanied by a marked degree of muscular atrophy of the affected limb followed by lameness. Two years later a swelling developed at the femoral side of the gluteo-femoral crease which opened and discharged small fragments of necrosed bone. The sinus was finally healed and fair health enjoyed for several months. Seventeen weeks ago ostitis of the tibial head developed, followed in a short time, by suppurative synovitis. The pus perforated the ligamentum posticum and burrowed beneath the gastrocnemius, elevating it and the posterior tibial muscular structures from the bone. Free incision evacuated this, but the destructive process continued, resulting in the formation of sinuses and complete disintegration of the joint. Hectic was pronounced, and to save life amputation was performed on the day previous.

Longitudinal section through the femur, joint and tibia discloses the extensive destruction effected in so comparatively short a time. The articulating surface of the condyles is denuded of its cartilage and the surface of the bone is roughened. The patella is bound firmly to the trochlear portion of the condyles. The articular elements are destroyed. The head of the tibia is completely necrosed and broken down. The medullary canal of the tibia throughout its entire extent is infiltrated with pus. The surface of the bone is also the seat of the morbid process. The pus from the joint has burrowed upward beneath the internal and external vasti muscle and deprived the femur of its periosteum for a considerable distance. The anterior face of the tibia is similarly denuded, while the crest at the middle is the seat of ulceration. At the time the disease occurred the patient first noticed a chancre. Six weeks later the secondary phenomena developed, and were promptly met with anti-syphilitic remedies. Was the strumous disease influenced by the syphilis? The specimen was referred to the committee on morbid growths for microscopical examination with instructions to look for tubercle bacilli.

Dr. Davis was desirous of knowing if the disease of the head of the tibia was due to scrofula or syphilis; the worm-eaten character of the ulcer on the tibia looked like syphilis.

Dr. Chas. M. Wilson inquired if there had been fevers, rigors and evidences of pyæmia in this case. It was undoubtedly one of osteo-myelitis, and in a similar case of traumatic origin which he had exhibited rigors had been present.

Dr. Jurist asked how the presence of acute syphilis in the patient would affect the prognosis of the operation. Dr. Beates replied that there had been symptoms of septic fevers, and as the acute symptoms of syphilis had been absent for some weeks, he did not think this would mar the prognosis.

Dr. Louis Jurist presented the

LARYNX AND TRACHEA

removed, *post-mortem*, from the body of a man æt. 38, a book-keeper, who had suddenly died. He had not had syphilis. He had taken cold on Saturday, and had a sore throat; on Tuesday he chatted with the doctor, and an examination gave no evidence of anything except ordinary pharyngitis; on Wednesday he went to his business; on the evening of that day the doctor was sent for in haste, and on going at once found the man dead. Nevertheless, a hurried laryngotomy was done and efforts were made to restore the heart, but without avail.

Dr. Jurist removed the larynx through the thoracic cavity. He was in doubt as to the mode of death. The lungs were fairly healthy, though cheesy on one side. There must have been an abscess present.

Dr. Tyson was surprised that marked improvement should have followed the treatment by emetics and sedatives, as the abscess must have been present; perhaps the outlying œdema was subdued and the condition thus improved.

Dr. Wharton had had no experience in such cases, but agreed with Dr. Jurist that the operation of tracheotomy, and not laryngotomy, was indicated.

Dr. Jurist was in doubt in regard to the diagnosis; it rested between perichondritis and a subsequent abscess or phlegmonous laryngitis. He was inclined to the former view.

JEFFERSON MEDICAL COLLEGE HOSPITAL OF PHILA.

SERVICE OF PROF. J. M. DA COSTA.

DILATED HEART.—SWELLING OF EXTREMITIES.

When Dr. Da Costa first looked at this woman's swollen legs, he was inclined to think that it was one of those cases of swelling of the lower limbs, due to much standing at work. He has lots of such cases, which especially occur among cooks. But this girl's occupation is shoe-pasting and she sits down to her work. She is twenty-four years old, and two years ago this swelling commenced, manifesting itself primarily in the groin and hips, more especially on the right side. The urine is negative and a uterine examination reveals no trouble there. There is no heart murmur, but she has palpitation on exertion; the impulse is extended, and there is percussion dullness much increased in area. There is no swelling of the face. The veins of the legs are somewhat prominent, but not varicose. We have here a dilated heart causing this swelling. The indications for treatment are to strengthen the heart, for which she is ordered one teaspoonful of the officinal infusion of digitalis thrice daily, this dose to be gradually increased (if she does not develop an abnormal susceptibility to the drug) to one tablespoonful. At the same time, to unload the portal circulation, she will be given one-eighth of a grain of podophyllin occasionally at night.

GENERAL ATHEROMA, HEART DISEASE AND TREMOR.

When this ruddy, vigorous looking man, aged 63, puts up his arm, we notice that his hand trembles. His grasp is good and his weight 138 pounds. When he walks, his legs tremble and there is a quivering of the facial muscles. The patella-tendon-reflex is preserved, but is not very strong. Sensation is not impaired, but the sense of taste is not quite as keen as formerly. Eye-sight is very good and electro-muscular contractility is preserved. At the lower end of the brachial arteries there is a great deal of beating or throbbing, but there is no murmer or thrill. The radial artery feels rigid. There is a double heart murmur at the aortic cartilage. There is hypertrophy of both ventricles, most marked in the left. There is a systolic murmur at the apex, which is, most likely, transmitted from above. The carotids throb; the tongue is slightly coated, and he is costive. Sometimes he is short of breath, and complains of shooting pains

in the side, abdomen and breast bone; in fact it was for these pains that he came to the hospital. His urine is negative; he has not used tobacco to excess.

We have here general diffused atheroma, aortic regurgitation and constriction, and the tremor is most probably due to a faulty nutrition of the nerve centres, brought about by the condition of the vessels. The nutrition of the great motor centres is disturbed by the general arterial disease. Dr. Da Costa gives this man hyoscyamine (1-200 of a grain each night), as this drug has a controlling influence over the symptom of tremor. If the physiological effects of the drug are not produced, the dose will be increased to 1-100 of a grain. It will produce some dryness of the throat, like belladonna. He will also be ordered twenty drops of dilute phosphoric acid, in forty minims of compound tincture of cinchona, thrice daily. The hyoscyamine will tend to keep the bowels regular and thus relieve the pain, which is probably dependent on their irregularity.

CHOREA AND EPILEPSY.

This rather rare combination is found in the child before us. She will have a succession of epileptic paroxysms, lasting sometimes for half a day and usually coming on at the latter part of the month, during the full moon. Referring to this popular superstition, so common in so many countries, that a full moon produces "fits," Dr. Da Costa says that he is not so certain that there is not some foundation it. Extensive observation in the West Riding Hospital, where they have a large number of such patients, resulted in demonstrating that the seizures were more numerous during certain phases of the moon. In the intervals between these paroxysms, this child will very often have milder manifestations of the epileptic attacks. The chorea preceded the epilepsy. Her appetite is good and worms have never been found, though they have been looked for. The patella-tendon-reflex is preserved. The urine is negative; there is no disease of the heart, and her intelligence is good. In the left arm there is a certain want of control (evidenced by the dropping of objects that she picks up) and the leg shakes violently. There is no history of injury. The grandfather on the mother's side died of rheumatism, but the father of the child is healthy. The eye-ground is examined and found healthy. There might be a tumor or lesion of some kind in the corpora quadrigemina, which, by its interference with the general motor centres, might cause the chorea, while, by irritation, it would cause the epilepsy. Surface irritations are much more apt to cause epilepsy than when they are deep-seated. If such a lesion existed there ought to be some changes in the circulation of the eye, but as the examination reveals nothing wrong, this hypothesis is abandoned. This is a difficult case to treat. The child will be ordered ten grains of bromide of sodium and one drop of tincture of belladonna, twenty minims of simple elixir and one drachm of water thrice daily. The belladonna is intended especially for the chorea.

BULLET WOUND OF HEAD—INTERFERENCE WITH INTELLECTION.

Twenty-one years ago (during the war) this man was struck on the head by a spent ball. The symptoms that he now presents commenced shortly afterwards and have slowly grown worse. His sleep is disturbed and he occasionally loses his balance. There has been a gradual failure of mental power. He complains of a sense of pressure about the head, though he has never had any convulsions, nor headache. He cannot write as well as formerly, making the wrong letters, and he often uses the wrong words in conversation. His memory is bad and is growing worse. He has not lost flesh. His gait is uncertain, and he is always afraid of falling, though he walks fairly well with his eyes shut and also with his face and eyes turned skywards. The tendon-patella-reflex is preserved. He cannot give clear answers and we can only accept so much of what he says as is confirmed by other evidence. There is a distinct depression of the skull at the

right parieto-occipital suture. The eye examination is negative, save that color sensation is dim. The left pupil is somewhat dilated, but both re-act equally to light. There has most probably been here a meningitis, followed by a progressive superficial softening. He will be given large doses of iodide of potassium, and Dr. Da Costa will consult his surgical collegues as to the advisability of an operation.

Correspondence.

BALTIMORE, Oct. 21, 1885.

To the Editors of the Maryland Medical Journal.

DEAR SIRS:—I noticed that in your last week's number of the JOURNAL you, for some reason or other, left out a few remarks I made at a meeting of the Medical and Chirurgical Faculty called for the purpose of taking action upon the death of Prof. Richard McSherry.

I tried at that time to express in a few words my sincere feeling of regret at the loss the profession had sustained in his death, and especially to call attention to one strong trait in Professor McSherry's character, the willing and cordial encouragement he extended to the younger members of it.

Many years of almost daily contact with him showed to the writer the beauty and unselfishness of his mind, which was certainly untrammelled by any of the petty jealousies which the old are too apt to exhibit towards the young. I cannot better express it than by saying he bristled all over with generosity, and he did not to the slightest degree understand how to practice pedantry. He was the personification of sincerity and true manliness. We have indeed lost in him a noble example and constant friend.

Very respectfully,
ROBERT B. MORISON, M. D.
195 St. Paul Street.

We much regret our failure to publish Dr. Morison's remarks in the last issue of the JOURNAL, as referred to in the above communication. Dr. M. was not in the city at the time we tried to secure his address, and in the hurry of going to press we were forced to omit it. In the same manner the very appropriate remarks of Dr. G. Lane Taneyhill were omitted.—EDS.

BOOKS AND PAMPHLETS RECEIVED.

The Essentials of Histology, Descriptive and Practical. For the Use of Students. By E. A. SCHAFER, F. R. S., Jordell Professor of Physiology in University College, London, etc. Philadelphia: Lea Brothers & Co. 1885. Pp. 240. Cushings & Bailey, Baltimore.

The Science and Art of Midwifery. By WM. THOMPSON LUSK, A. M., M. D., Professor of Obstetrics and the Diseases of Women and Children in Bellevue Hospital Medical College. etc. New Edition. Revised and Enlarged, with numerous Illustrations. New York: D. Appleton & Co. 1885. Pp. 721.

Applied Medical Chemistry. A Manual for Students and Practitioners of Medicine. By LAURENCE WOLFF, M. D., Demonstrator of Chemistry in Jefferson Medical College, etc. Philadelphia: P. Blackiston, Son & Co. 1885. Price, $1.50

Milk Analysis and Infant Feeding. A Practical Treatise on the Examination of Human and Cow's Milk, Cream, Condensed Milk, etc., and Directions as to the Diet of Young Infants. By ARTHUR V. MEIGS, M. D., Physician to the Pennsylvania Hospital and to the Children's Hospital, etc. Philadelphia: P. Blackiston, Son & Co. 1885. Pp. 95. Price, $1.00.

INTERNATIONAL MEDICAL CONGRESS.—On receiving notice of his appointment as one of the secretaries of the Section on Laryngology, Dr. F. Fletcher Ingals declined, on the ground that lack of harmony in the profession make the duties too burdensome. The following additional resignations have been announced: Dr. John C. Dalton, New York, President Section of Physiology; Dr. E. L. Shurely, of Detroit, Council of Section on Laryngology; Dr. Thomas M. Markoe, New York, and Dr. T. A. McGraw, of Detroit, Council of Section on Surgery; Dr. Wm. H. Welch, of Baltimore, Secretary Section on Pathology; Dr. Thomas T. Sabine, New York, Council of Section on Anatomy; Dr. E. G. Loring, New York, Council of Section on Ophthalmology.

THE CARTWRIGHT LECTURES.—it is reported that the coming Cartwright lectures will be delivered by Dr. Osler. The high character of this gentleman's London lectures presages a great improvement over anything we have had here before.—*Med. News.*

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BALTIMORE, OCTOBER 24, 1885.

Editorial.

THE PRESENT STATUS OF THE AFFAIRS OF THE CONGRESS.—The new Committee on the re-organization of the Congress, which held its meeting in New York on Sept. 3d to "repair the damages" occasioned by the resignations of the gentlemen appointed by the first Committee, does not seem to have met with such marked success as its official organ, the *Journal of the American Medical Association*, predicted for it. Indeed, so far from having repaired the damages previously inflicted upon the Congress by its Chicago work, this Committee has made blunder after blunder until its action has become ridiculous in the eyes of the entire profession throughout this country and Europe. Its mistakes have been so glaring and faulty that one of its own number has been forced to show that its affairs have been conducted in the interest of its own officers, and that its deliberations have been so suppressed and manipulated that the reports of its meeting in New York were not in keeping with the facts.

The Committee has added another insult to the list of injuries, previously perpetrated, by its arbitrary assumption of authority. Through its Executive Committee it has formally declared that its acts are "not subject to revision, amendment or alteration by either the Committee of Arrangement or the American Medical Association." In fact it usurps all power and resolves to run the Congress according to its own methods. The result of this singular and unjustifiable procedure begins to be apparent. Within the last ten days a number of the appointees of the New York meeting have declined to accept the positions to which they were assigned. Such gentlemen as John C. Dalton, Henry I. Bowditch, Henry F. Campbell, Robert Battey, E. O. Shakespeare, and others have been forced to desert the sinking fortunes of an organization which has done nothing but trifle with the best interests of American medicine since it came into existence.

Some weeks ago in discussing the outlook for the Congress, we urged the present Committee to resign, and gave, as we believed, satisfactory reasons for this advice. The resignation of this Committee would have been a graceful act and would have saved the profession in this country from the mire of contention into which it has been cast by the unwarranted action of the Association at New Orleans. The Committee, however, saw proper to lay aside all considerations for the interests of the profession and entered upon the work of re-organization of the Congress in a manner agreeable to its membership. This Committee has no one to censure but its own membership, if its action has failed to give entire satisfaction to the profession. It has proceeded with its work in the face of active and outspoken criticism, and it must stand or fall accordingly. We have believed that the work it was attempting to do was wholly unnecessary, and we have advocated its abandonment of this work on the ground that its continuation would promote nothing but strife and dissensions. We have never believed that the success of the Congress could be promoted by its interference. On the contrary, we have predicted that the Congress would fail if entrusted to its efforts. This prediction we believe will be shortly verified. The work of disorganization has continued, the breech has been made wider and the affairs of the Congress are in a more pitiable plight now than at any previous time. If this Committee now fails to see the handwriting on the wall

which significantly tells of its downfall, we are at a loss to account for its stupidity and want of comprehension. Its continued effort to carry out this work of re-organization only increases the depth of its mortification and chagrin at its final overthrow. We would again suggest to this Committee the advisability of gracefully stepping down from its present lofty, but absurd and arrogant position.

The Beneficence of Individual Death.—The thought of death brings into the minds of many individuals ideas and feelings of great fear and discomfort. Associated with death are the traditions and beliefs in regard to the future life of rewards and punishments. Not every mind is capable of reconciling the mortal state with the immortal. It is only as the intellect and the spirit rise into the higher planes of freedom that the beneficence of individual death becomes an earnest conception. It should need but a few moments thought to reconcile one to the value of individual death. What does this mean? Not that the life which has gone is lost, but simply transferred to others. It does not interfere with our real immortality. A true interpretation of death should make us see that it helps the progress of mankind. "We can find, perhaps, no better symbol of human life," says Mr. Jonathan Hutchinson, in an address on the Uses of Knowledge, (*British Medical Journal*, Oct. 3, 1885) "than that given us by an evergreen tree. The leaves are the generations of men; the root, stem and branches the social institutions by which each successive generation is borne up into higher life. We live in the most literal manner upon the past, and we are what we are in virtue of its former life. If during any one year the production of leaves had failed, if they had been found unequal to their task, the death of the tree, in part or in whole, must have followed, and no further outbursting of its eaves would have been possible. Upon the vital vigor of each generation has depended in the past, the growth of the tree. They were the digesters of its sap; they prepared its wood. It is, of course, a mistake to suppose that evergreen trees do not shed their leaves; they simply escape to a large extent the influence of season, and retain their leaves longer than others; but as any one who has stood under a fir will know well, their leaves are constantly submitting to death when old, and are replaced by new ones. An evergreen, therefore, rather than one which becomes bare every winter, must be our symbol, and none, perhaps, better than the Norway pine. Any one musing upon the magnificence of this splendid tree may usefully remind himself of the beneficence of the law of individual death. It is thanks to that law that its growth has been attained, and its greenness made lasting. Each successive generation of leaves has taken up the work of its forerunner and 'eager to do and die,' has in turn submitted to the same fate. The result has been increasing growth and perpetual youth. There has been permanence in life amidst increasing change. So it is in the human family."

"In one remarkable feature," continues Mr. Hutchinson, "the human tree differs from the pine. Not only do its successive generations of men inherit from the parent stock their life-vigor and its tendencies, but they are capable of receiving, by direct communication with their predecessors, a vast wealth of impulse and power, which has not as yet assumed a form in which its acquisition by inheritance is possible. This communication must be voluntary, and we give to it the name of education. Were the habit of death abolished, and did personal life last indefinitely, the need for education would almost cease." Mr. Hutchinson argues that the most important duty of each generation, next to that of the hereditary transmission of sound organization, is the transference of its own acquired knowledge to the minds of its successors. If then we accept thankfully the ordinance of death, we must not neglect for a moment to remember the responsible duties which it imposes upon us.

Chlorate of Potash as a Poison.—There is no agent, perhaps, which is so

generally used as a gargle as chlorate of potash, and probably no one which is more carelessly prescribed. Its healing properties in sore-throat are as familiar to the laity as to the profession, from which fact it so happens that it is very freely and carelessly employed. Whilst it is generally well-known to the profession that chlorate of potash may become a dangerous poison when largely used, this fact is not appreciated by the laity. It is quite important that druggists and physicians in dispensing or prescribing this remedy should call attention to this fact and caution persons not familiar with the properties of drugs against its too frequent use.

Dr. Wilkie. of Halle, reported in the *Berlin Med. Wochenschrift*, some months since, a case of poisoning from chlorate of potash used as a gargle, in which he ascertained that the patient had used a solution of the chlorate very freely for a long time continuously, and had consumed within a period of thirty days a quantity estimated at four pounds. This patient died, and at the autopsy evidences of chlorate of potassium poisoning were quite conclusive. It is no longer a disputed fact that this drug is an active poison when taken in large quantities at a single dose or in continuously small quantities. The symptoms of poisoning are referable to violent gastro intestinal disturbance, great failure of the heart's action and diminished urinary secretion, associated with albuminuria, tube-casts and blood-corpuscles. In fatal cases the kidneys are profoundly affected and give evidence of extensive nephritis.

This effect of the drug upon the kidneys makes its use in diphtheria and scarlet fever especially dangerous, and possibly if all the facts were known may have added to the mortality of these diseases. It is not an uncommon practice to use large quantities of chlorate of potash in the sore-throat of these two affections, yet there are undoubtedly other agents which exercise a better local effect in these conditions than this salt of potash. If employed at all great caution should be exercised in its administration.

There is no evidence to show that the chlorate of potash is dangerous in dilute solutions when carefully employed. It has a decided value in mild cases of angina and in the stomatitis of children.

Miscellany.

Antiseptic Atomizations in the Treatment of Erysipelas and Extensive Burns.—In a report to the congress held at Seville (April, 1882), on prolonged and continuous atomization as an antiseptic measure, M. Verneuil has shown that septic complications in the case of injuries may be advantageously opposed by this procedure, which neutralizes at once the poison formed in the wound, and allows that which has been already absorbed and has produced symptoms, to be eliminated by the organism.

Among the affections originating in sepsis (including diffuse phlegmon, simple or gangrenous, septicæmia, pyæmia, etc.), erysipelas, being the one least amenable to other antiseptic measures, is also that to which this plan of treatment is pre-eminently adapted—the rapidity and often the wide extent of its invasion giving rise to difficulties that are successfully encountered by the spray, which enables us to follow up the complaint in all its migrations.

Nevertheless, M. Verneuil warns us that the spray is not to be implicitly relied upon as an abortive remedy in every case of erysipelas. "Although," he says, "I regard this malady as contagious, inoculable, and probably parasitical, yet, knowing as I do, to how great an extent its inception and development are dependent on the patient's constitutional condition, I am unable to believe that any local application whatever can cut short the septic process when once fairly under way. Yet the mode of entrance of the virus from without, and its propagation in the superficial layers of the derma, may warrant us in hoping that at least the local progress of the eruption, when seated on accessible regions of the body, may in this way be moderated; and indeed it would be presumptous to deny *in toto* the advantages of topical

medication in erysipelatous cases, seeing how often they have been extolled by surgeons of eminence."

The process employed is described as follows: A "pulverisateur à vapeur," which, as required by its size, may be either held in the hand or deposited on a table, is charged with a one or two per cent. solution of phenic acid, or with a solution of chloral at the same strength—the last being especially adapted for applications to the face and buccal cavity, as well as for patients who are annoyed by the odor of the acid, or unusually susceptible to its action. M. Veneuil, however, has never known phenic acid, when thus employed, to produce any serious symptoms.

The quantity of fluid ejected is not large enough to wet the patient unnecessarily. If it is wished merely to moisten the wound and the erysipelatous region, the fountain should be placed further off, and the stream directed somewhat obliquely. It is also proper to guard against the patient's catching cold. With this view, he should lie upon the edge of the bed, with only the affected part uncovered, the rest of the body being protected by woollen wraps and a water-proof investment, when possible. The bed clothes can be protected by hoops, as in cases of fractures. The face and eyes may be shielded by curtains or bandages when other regions are being operated on; but the carbolic vapor seems to be perfectly harmless when thrown freely from a one per cent. solution into the nose, eyes, and mouth, while the face or scalp is undergoing treatment for erysipelas. This fact has led to the prolonged use of the spray, conjointly with that of other agents, in gonorrhœal ophthalmia. When the affected surface is extensive, the vapor is applied to larger or smaller portions of it in succession.

In this procedure, our first object is to disinfect the wound in the most thorough manner possible, by directing the spray into every one of its recesses. When this has been affected, two or three sittings of two or three hours each will be sufficient in the great majority of instances. During the intervals the wound is kept covered with compresses of muslin saturated with a two per cent. phenic acid solution, and overlaid with wadding and india-rubber silk, as in the ordinary antiseptic dressings.

Among the cases related by M. Verneuil is one of an amputation at the upper third of the leg, performed while the affected foot and ankle were laboring under a fully developed erysipelatous inflammation. The patient's constitutional condition being also highly unfavorable, the prognosis, of course, was anything but encouraging, yet under the use of the phenic acid spray, complete recovery ensued. In all but one of thirteen other cases, the temperature was speedily reduced, and the erysipelas brought under control by the same means.

Equally good results were obtained in the treatment of *burns*, especially when severe and extensive, and when several days, or even weeks had elapsed since their infliction. The spray, in such cases, can be brought to bear against all the breaks and inequalities of the affected surface, thus hastening the detachment of the eschars, and opposing an effectual barrier to the advance of septicæmia.

Antiseptic pulverization will also render us important service when the ordinary Listerian applications are contraindicated or cannot be employed. Thus, in the practice of Prof. Ollier, of Lyons, a man thirty years old was affected, after amputation of the fore-arm, with such profuse and obstinate hemorrhage, recurring upon every disturbance of the dressings, that his life was endangered. In this emergency, phenic-acid spray was resorted to, and was kept in operation upon the stump for three days continuously, after which it was employed at gradually lengthened intervals until the trouble ceased, and the patient made a good recovery.

Many other illustrative cases are detailed and commended upon, and the conclusions to which they have conducted him are formulated by M. Verneuil, as follows:

"The phenic-acid spray affords an excellent method for the treatment of erysipelas and extensive burns.

"It exerts a powerful antiseptic and

analgesic influence. When the locality of the affected region permits, it may be associated with the permanent antiseptic bath.

"In none of the nineteen reported cases can it be said to have produced the slightest unfavorable result. The two deaths which they include were unavoidably caused by the great extent of the lesions. In every other instance, both the duration and gravity of the complaint were evidently lessened."—*Bulletin Gén. de Thérapeutique*, Feb. 28, 1885.—*Journ. Ven. and Cut. Dis.*

CHILBLAIN CRAYONS.—

Camphor,	ʒ i ss.
Iodine	ʒ iii.
Olive oil	ʒvi.
Paraffine	ʒii ss.
Alcohol	q. s.

Dissolve the camphor in the oil and the iodine in as small a quantity of alcohol as possible. Add the mixed liquids to the melted paraffine and pour the whole in suitable moulds. The pencils can be rendered hard or soft by the addition or diminution of olive oil.—*Jour. de Mèd. de Paris.—Canada Pract.*

ANATOMY OF THE UTERUS.—Dr. John Williams, at a recent meeting of the Obstetrical Society, of London, (*British Medical Journal*) expressed the view that the primary branches of the uterine and ovarian arteries, after entering the side of the uterus, ran only a short distance through a thin layer of muscular fibres to a distinct layer of connective tissue, through which they ramified, and from here these branches went to the mucous surface in a direction perpendicular to that surface.

We would thus have from without inwards: (1) Peritoneum; (2) the muscular layer, a thin stratum; (3) the connective tissue layer, containing arteries and venous plexuses, and constituting the submucous tissue; (4) the mucous membrane, including the principal portion of the substance of the uterus. The muscular fibres contained in this layer, according to Dr. Williams, are really muscularis mucosæ; and the thin layer of tissue shed at the menstrual period and reproduced (the menstrual decidua) is only a small portion of the uterine mucous membrane. The arrangement of the blood vessels, by which the currents are transverse to the length of the uterus, and perpendicular to its surfaces, is such that the circulation is not likely to be disturbed by mechanical causes, except in case of hernia in the inguinal canal, or in Douglas' pouch, where it is commonly known as retroflexion or retroversion.

FACIAL NEURALGIA, (FIREOL):—

Ammonio sulphate of copper, grs.	1½.
Cherry laurelwater,	ʒ ii.
Syrup of morphine,	ʒ vi.

To be taken in the course of 25 hours. —*Jour. de Mèd. de Paris.—Canada Pract.*

CONTRIBUTION TO THE STUDY OF DIPHTHERIA OF THE ŒSOPHAGUS; WITH THE REPORT OF A CASE.—In the October number of *The American Journal of the Medical Sciences*, Dr. H. D. Fry, of Washington, contributes an interesting stndy of this rare affection, and reports a case which occurred in his own practice.

The diagnosis of diphtheria of the œsophagus is extremely difficult. In most cases it is absolutely impossible to recognize the disease. This difficulty is met with not only when the œsophageal mucous membrane is primarily the seat of diphtheritic inflammation, but also when it is implicated by extension of the false membrane from the pharynx or larynx. In the vast majority of the reported cases its presence was not suspected until revealed by post-mortem. Symptoms, at most, only warrant a suspicion of the existence of the affection. An important indication is the expulsion, by the mouth, of bands of false membrane, provided no symptoms exist to indicate that the air-passages are involved. The expectoration of a membranous cast of the œsophagus is the only positive sign of the disease.

The obscurity which accompanies nearly all affections of the œsophagus is well illustrated by the experience of Steffen. Out of 44 cases, including

diphtheria, hyperæmia, catarrhal inflammation, ulceration, ecchymosis, and gangrene, the diagnosis was made in only 3; the remainder were found on post-mortem examination.

Dr. Fry concludes his paper with a careful analysis of the symptoms which were observed in the 12 cases which he has been able to find fully reported in literature.

The Choice of Methods in Abdominal Delivery.--Gastro-hysterotomy has been improved by the introduction of the uterine suture, and lives have been saved that must otherwise have been lost; but no change in the old operation can compensate for the delay and intermeddling so generally indulged in (where the knife is the only remedy that promises success), to the fatal termination of the case. In an instructive article in the October number of *The American Journal of the Medical Sciences*, Dr. R. P. Harris shows that it is in vain to practise this operation in the United States unless it is done in good season. Since January 1, 1875, 29 out of 38 cases have ended fatally, and 21 children were extracted dead, leaving 17, of whom 4 soon perished from causes occurring before delivery, 28 were in labor from one day to two weeks, and 15 of them more than three days.

The Sanger modification with its simplifications has been performed 12 times, saving 6 women and 10 children, of which 5 cases belong to the credit of Dr. Leopold, of Dresden, who saved 4 women and 5 children. Of 8 German cases, 6 recovered. The women were in labor respectively 12 hours, 8, 30, "some hours," and 16 hours, and one not mentioned. The cases marked "favorable" by reason of their condition before the operation all recovered. A tabular record of cases is given by Dr. Harris.

Laparo-elytrotomy also numbers 12 cases, with 6 recoveries, and 7 children saved. Nine of the cases belong to New York City and Brooklyn, where 6 women and 5 children were saved. These 6 women were in labor respectively 11 hours, 4 days, 16 hours, a week, 8 hours, and 22 hours There were 4 "*favorable*" cases among the 12, all of which recovered. These two cities have a credit of 11 Cæsarian operations, saving but 2 women and 2 children. In 10, the prognosis was "*unfavorable.*" In cases made more serious by delay, laparo-elytrotomy promises better than gastro-hysterotomy, and should be preferred to it. It also promises more favorably for British cases, as far as we can judge by New York, where the mortality was formerly equal to that of England. A table of the operation is given.

The Porro-Cæsarean operation Dr. Harris shows is *par excellence* the method for hospitals, where the women should be under anticipative treatment and operated upon very early in, or just prior to, labor. The Müller modification is preferable where the placenta is upon is upon the anterior urine wall, or the fœtus dead and putrid.

Dwarf subjects require that the delivery under the knife should be effected very early, as exhaustion occurs after a short effort of nature, and death is apt to result in such cases. The Porro operation has been the most successful in the cases of dwarfs.

Phytolacca Decandra in Orchitis. —No doubt most physicians have experienced trouble and anxiety in giving patients, suffering from inflammation of the testicle, no matter whether gonorrhœal or not, the expected speedy relief. For several years past Dr. W. O'Daniel has adopted the following plan of treatment: If there is much inflammation and swelling of the affected parts, he usually has the patient stand on his feet, which increases the already turgescent condition of the scrotal veins, when he punctures them, thereby relieving, to some extent, the abnormal congestion by the free escape of blood from the distended veins.

After which he advises the patient to remain in bed and take from 4 to 6 drops of the fluid extract of phytolacca decandra every three or four hours until the specific effect of the drug is at least partially developed. He then lessens the dose or lengthens the interval, according to circumstances. This, with an oint-

ment of belladonna and phytolacca, applied to the swollen and inflammed parts, with an anodyne, if necessary, to relieve pain and promote rest, and a well-fitting suspensory bandage after convalescence, constitutes a most satisfactory treatment.—*Atlanta Med. and Surg. Journ.*, August, 1885.—*Ther. Gazette.*

A New Journal of Therapeutics.—"Clinical Notes on the Local Treatment of Disease; a Record of Practical Therapeutics," is the title of a new journal, edited and published by Dr. Charles L. Mitchell, of Philadelphia. The first number, dated October, 1885, contains twenty pages of reading matter, all on subjects of practical interest. Like Dr. Squibb's "Ephemeris," "Clinical Notes" is designed for gratuitous circulation, and the publisher does not bind himself to issue it at stated periods, but only as material and circumstances may permit.

Treatment of Habitual Constipation.—Dr. Willliam Murrell writes to the *Brit. Med. Journ.* (Sept. 19th, 1885): "I have recently been using the Friedrichshall water in a variety of cases, in hospital practice, and I find it to possess the same valuable therapeutical qualities which explain and enhance its long established reputation as a favorite aperient in habitual constipation, and in the wide range of cases in which it is desirable to employ a laxative of mild character, and fitted for continued use. Friedrichshall has a special constitution, which secures to it marked preferance over the ordinary sulphate of magnesia waters, and over the ordinary in general use. Its special advantages are probably largely due to its combination of chlorides with sulphates. It is not merely a saline aperient, but it has valuable properties in influencing tissue-change and promoting excretion of uric acid. Thus its use is attended with excellent results in cases of congestions of the liver and kidney, as a corrective of the digestion, and as what may be familiarly described as a tonic-aperient. Friedrichshall realizes in practice the valuable curative powers ascribed to it by the eminent German physician with whom it has long been a standard prescription. I hope, shortly, to publish, in a more detailed form, the results of clinical experience, which indicate the special advantages of Friedrichshall to which I refer."

Not long since a fat woman, weighing, according to the announcement on the bill-boards, 596 pounds, was married to a professional "Albino" at a dime museum on the Bowery; and when the ceremony was completed the band, not inappropriately, struck up the air "What shall the harvest be?"—*Gaillard's Med. Journ.*

Medical Items.

Over one month has elapsed since the new Committee on the Congress held its meeting in New York and issued its proclamation to the profession. We fail as yet to see the harmonizing and beneficial influences of this work upon the status of the Congress. As far as we can discern the work of disorganization inaugurated at New Orleans continues, and the affairs of the Congress are in a ridiculous plight.

It is stated that the cost of the epidemic of small-pox at Montreal is likely to reach $5,000,000, and yet the ignorant masses of that city are opposed to vaccination.

The present Secretary-General of the Congress has had nothing good to say of those gentlemen constituting the original Committee of Eight on the Organization of the Congress for having accepted positions in the various offices of their own appointment. How can the Secretary-General reconcile his own position in this respect? Virtually the American Medical Association and the International Congress are combined in his august person. He is more autocratic than the Czar of Russia.

Dr. Buck, of London, Ont., has enunciated the fact that if a patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage.

Dr. Murrell advises that every physician keep an antidote bag, which should contain every drug and instrument needed in ordinary cases of poisoning. It should always be kept filled and ready for use; so that, in cases of emergency, the doctor could take it along or send for it, and not be compelled to look for stray bottles or instruments at a time when a life may depend upon a minute. —*Boston Med. and Surg. Journ.*

In the *Bulletin of the Clinical Society of the Post-Graduate Medical School*, Dr. George G. Van Schaick makes an ingenious and plausible plea for the use of oxgall in the treatment of typhoid fever. It is given in doses of ʒij. to ʒiij. daily. Under its use he believes that the fever is reduced, and the symptoms ameliorated. Three cases are given in illustration, one of which seems to have some value. Ox-gall has been used by other physicians in this city as an antipyretic, and in cases of deficient biliary secretion with, it is claimed, good results.—*Med. Record.*

The Council of the College of Surgeons, in London, have requested Sir James Paget to sit for a marble bust to be placed in some suitable position in the College buildings as a mark of their appreciation of his revision and completion of the catalogue of the pathological collection of the museum, and other important services.

According to Dr. R. Koch, out of 703 small-pox patients, in the Stockwell Hospital, there died, of those having no scars, 47 per cent.; of those having poor scars, 25 per cent.; having one good scar, 5.3 per cent.; having two good scars, 4.1 per cent.; having three good scars, 2.3 per cent.; having four or more scars, 1.1 per cent. From this it would be inferred that a person having four scars on his arm is almost certain, even if he gets small-pox, to go through it safely. Koch himself takes the position, positively, that the protective power of vaccination is in direct relation to the number of vaccinia pustules.—*Med. Record.*

Dr. Henry J. Bowditch, of Boston, in resigning his position as one of the Vice-Presidents of the Congress appointed by the New Committee, criticsies the action of this Committee and of the American Medical Association in severe words. Dr. Bowditch says the last manifesto of the Committee and gross assumption of despotic power is equaled by nothing in the history of medicine in this country, save the arrogant position taken by the Judicial Council of the American Medical Association at its meeting in Cleveland in 1883. The Council, through its Chairman, declared that the Council "took the responsibility" of requiring every member to sign *annually* the Code of Ethics, or to lose his right of membership.

Dr. Bowditch pays the following compliment to the editor of the *Journal* of the Association. "To one who looks behind the scenes and knows whose intellectual power, combined with honest but misguided bigotry, has influenced the Council of the American Association, there is no difficulty in understanding the present position of the 'Committee for the International Congress.'"

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, from Oct. 13, 1885, to October 19, 1885

Lieut. Col. E. P. Vollum, Surgeon. Assigned to duty as Attending Surgeon Headquarters Dept. Platte, Omaha, Neb., relieving Asst. Surgeon Wm. C. Shannon.

Lieut. Col. B. J. D. Irwin, Asst. Medical Purveyor. Ordered for Dept. Arizona to New York City, for temporary duty in charge of Medical Purveying Dept. at that place, relieving Capt. Henry Johnson, Medical Storekeeper.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, during the week ending October 17, 1885.

L. B. Baldwin, Passed Asst. Surgeon. Detached from Naval Hospital, Philadelphia, and ordered to Navy Yard, Mare Island.

D. Dickinson, Surgeon. Detached from Naval Hospital, Mare Island, and ordered to Training Ship "Portsmouth" as relief to Surgeon A. M. Moore.

A. M. Moore, Surgeon. Detached from Training Ship "Portsmouth" and await orders.

Joseph Shafer, Asst. Surgeon. Detached from Receiving Ship "St. Louis" and ordered to Naval Hospital, Philadelphia, as relief of Passed Asst. Surgeon Baldwin.

F. A. Hester, Asst. Surgeon. Detached from U. S. S. "Mineso" and ordered to the "Tennessee" as relief of Passed Asst. Surgeon Nelson H. Drake.

Nelson H. Drake, Passed Asst. Surgeon. Detached from the "Tennessee" 31st and await orders.

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